Lectures ON PHTHISIS.

Delivered at Charing Cross Hospital,

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LECTURE I.

Introductory. — Definition of Phthisis. — Pathological and histological considerations. — Varieties of the Disease. — Relation between symptoms and pulmonary lesion. — Failure of health preceding the lung disease. — Constitutional symptoms and lung symptoms. — Intermittent course of Phthisis.

GENTLEMEN,—No disease is more important, both on account of its extreme frequency and of the grave issues that it involves, than pulmonary phthisis; and yet probably the study of no disease is liable to be so much neglected in our general hospitals, and consequently there is no common serious malady about which we often find ourselves possessed of so little really useful knowledge when we go into practice. In saying this I do not mean to imply that the recognition of phthisis usually requires any great diagnostic skill, or that we are unable in the majority of cases to do much to help our patients; but when the question arises in any particular case as to what will be the probable course of the disease, to which of the several varieties into which it is now rather the fashion to subdivide phthisis it belongs, and, above all, does what we know of the pathology of phthisis enable us to lay down any rules for its rational treatment, you will, I think, admit that we are too often placed in difficulty. This is doubtless largely to be attributed to the still imperfect position of our knowledge of the disease; but is it not partly due to the fact that phthisical patients are to a great extent excluded from the wards of our general hospitals and treated in special institutions, and also that owing to the usual great chronicity and, alas! too frequently fatal termination of the disease, it is less attractive than some, and thus its unfortunate subjects secure too little of our time and interest? My object in these lectures will be to endeavour to place before you, as briefly and as practically as I can, some of the most important points connected with this disease—more especially such as may aid you in the recognition of its several clinical varieties, help you to prognosticate its course, and enable you to make use of such means as are the most likely to prevent it or to control its progress.

In the first place, then, it is important to define what forms of lung disease we are about to consider. There is perhaps rather a tendency at the present day, when attempts are being made to subdivide phthisis into distinct pathological varieties, to extend the signification of the term so as to include all forms of pulmonary disease which run a more or less chronic course, and which are attended by cough, expectoration, and emaciation, within the phthisical category. There are, however, three of the less common morbid conditions of the lung which differ so materially both in their pathological history and clinical phenomena from that large class of diseases usually included under the common term of "phthisis," that it will be convenient to exclude them from the category. I mean chronic basic pneumonia, including Corrigan's cirrhosis; the inflammatory disorganisation of the lung which results from pressure on a bronchus; and pulmonary lesions which are distinctly syphilitic. These conditions it is not my intention in the present lectures to consider; I shall confine myself to those forms of lung disease which come more properly within the domain of phthisis. These forms of disease are all characterised by the progressive tendency of the pulmonary consolidation, by the frequency with which more or less of the consolidation undergoes softening and disintegration, and by the fact that the upper portions of the lung are in almost all cases the first to become involved. These characters are of themselves sufficient to separate phthisical from the other forms of lung consolidation we have enumerated, and it is to phthisis as thus anatomically defined that I would now direct your attention.

It will be impossible for us to enter upon our clinical study of phthisis with any prospect of success without some knowledge of the pathology of the disease, and therefore, although it is not my intention now to enter at all fully into pathological questions, I must ask you to devote a short time to this part of the subject. There is, as you know, no disease about which such numerous doctrines have been held from time to time by different pathologists, as phthisis, and this diversity of opinion, more especially the older views respecting the specificity of the disease, has undoubtedly exercised an injurious influence upon its treatment. Although our knowledge is still very incomplete, and observers still differ somewhat in their pathological opinions, it must be admitted that during recent years experimental investigation, together with histological and clinical research, have done much to place the pathology of phthisis upon a more satisfactory basis, and we are, I think, now in a position to formulate some pathological propositions which for the most part may be regarded as being established with tolerable certainty, and which have a most important clinical bearing. These we will now consider:—

1. Of all the teachings of pathology respecting phthisis that which I think the most important, and that upon which I would especially lay stress at the onset of this part of our inquiry, is that the morbid processes which lead to phthisical consolidation of the lung are *inflammatory* in their nature, by which I simply mean to imply that they owe their origin to some kind of injury of the pulmonary tissues.

2. The injury of the lungs which leads to phthisis is mainly inflicted through the medium of the bronchi, and consists in some condition of the respired air. It becomes increasingly probable that in many cases this injurious influence of the respired air is due to the presence in it of minute organisms, although whether these organisms are specific and whether they are themselves the causes of the phthisical process is at present quite uncertain. The presence of such organisms may explain the well-known unfavourable influence of air rendered impure by overcrowding and imperfect ventilation. Cold and damp must also be mentioned as atmospheric conditions which frequently act injuriously upon the pulmonary tissues. In addition to the injury caused by the respired air an injury to the walls of the pulmonary bloodvessels, due to some slowing of the blood-flow, probably constitutes an important element in the causation of most cases of phthisis. This slowing of the blood-flow obtains in the highest portions of the lungs, and is due to imperfect respiratory movement in these situations. It favours transudation and epithelial activity, and also tends to hinder the removal by absorption of any inflammatory products which may have accumulated within the air-vesicles. The apical distribution of phthisical consolidation is probably thus to be explained.

3. In most cases phthisical consolidation of the lung differs from other forms of pneumonic consolidation inasmuch as it exercises an injurious influence upon the immediately adjacent pulmonary tissue, and thus tends to spread. To this infective property, which varies in degree very considerably in different cases and under different circumstances, the progressive character of phthisical consolidation is largely due. The consolidation, however, may not only act injuriously upon the lung tissue immediately adjacent, but also upon that more distant. This is owing to the dissemination of particles of the consolidation by means of the lymphatics, and to a less extent by the bloodvessels and bronchi. In this way much of the secondary consolidation of phthisis is produced.

4. The development and progress of phthisis are greatly influenced by the state of the general health. That this should be so will be readily understood if the inflammatory nature of the disease be kept in view, inasmuch as the susceptibility of a living tissue to injury is *cæteris paribus* greater, and the power of recovering itself from the effect of the inflammation less, the lower the standard of the general health. Consequently in phthisis the influence both of primary and secondary irritation (infection), the progress of the inflammatory process, and the amount of permanent damage which is inflicted upon the lung, vary much, according to the health of the individual.

5. Some abnormal condition of the lungs, usually inherited, but sometimes acquired, exists in a large proportion of the cases of phthisis. This, which is commonly spoken of as a

constitutional tendency or predisposition, renders these organs abnormally liable to become the seats of inflammatory processes, and less capable than healthy lungs of recovering from the effects of the inflammation. It also influences the histological changes which accompany the inflammation in such a way as to favour the occurrence of that retrograde metamorphosis of the pulmonary consolidation which is so characteristic of phthisis.

6. The pulmonary consolidation of phthisis is due mainly to three kinds of histological change—(*a*) An accumulation of epithelial elements and inflammatory exudation products within the pulmonary alveoli; (*b*) a cellular infiltration and thickening of the alveolar walls; and (*c*) an increase in the interlobular connective tissue. These three kinds of change are very constantly associated, although in very different degrees, and upon the preponderance of one or other of them mainly depend those variations in the physical characters of the lungs which are met with in the different stages, and in the different varieties of the disease. Associated with the histological changes I have named, there is frequently a development of the small nodular growths, composed of giant cells and a branched reticulum, to which the application of the term "tubercle" is now commonly restricted. These growths are, it must be remembered, inflammatory products, and they therefore occupy a pathological position similar to that of the rest of the consolidation. They are by no means constantly met with, and when present constitute but a small part of the pulmonary disease. They are usually found grouped around some more diffuse lesion, to the dissemination of infective particles from which, by means of the lymphatics, they then appear to owe their origin. But often the giant cells and branched reticula are so intimately associated with the other inflammatory products that they would seem rather to be the result of the primary inflammation than due to an infective process. It is not my purpose here to discuss disputed points in pulmonary pathology, and I cannot enter into the relations which subsist between tubercle and scrofula. I would, however, remind you that the so-called scrofulous and tuberculous processes, which are so constantly associated, are certainly very closely allied, if not identical; and between the extensive cellular infiltration which characterises scrofulous inflammations and the giant-cell development which is termed tuberculous, there is only a very doubtful line of pathological demarcation. The cellular infiltration of the alveolar walls, which is the most constant and characteristic histological feature of phthisis, is precisely analogous with scrofulous lesions in other tissues, and in the lung, as elsewhere, it is very frequently associated with the development of lesions which are histologically termed tuberculous.

7. Inasmuch as the pulmonary consolidation of phthisis is inflammatory, the histological changes will vary according to the intensity of the inflammatory process. The more intense the process the more prominent are the *intra*-alveolar changes—the exudation of inflammatory products and the epithelial proliferation, and the greater is the liability to a cellular infiltration of the alveolar walls; the less intense, the less marked are these intra-alveolar changes, and if the process subside, the less is the liability to any implication of the walls of the alveoli. Processes of sufficiently long duration, of whatever degree of intensity, lead to growth in the alveolar walls, and to an increase in the interlobular connective tissue. The intensity of an inflammatory process, it must be remembered, depends upon two conditions—the severity of the initial injury and the susceptibility of the tissue injured. In those cases of phthisis therefore in which the lung is the most rapidly consolidated, the consolidation consists mainly of intra-alveolar products; whilst in those cases in which the process is more gradual and protracted, it consists largely of new growth originating in the alveolar walls, and of interlobular connective tissue.

8. The intensity of the phthisical process influences not only the histological characters of the pulmonary consolidation, but also the secondary changes which it undergoes. The most characteristic secondary change—softening and disintegration—is usually most marked in those cases in which the consolidation is the most rapidly induced, and in which consequently it consists mainly of intra-alveolar products. Fibroid development and induration of the consolidation, on the other hand, inasmuch as the new tissue originates in the alveolar walls and interlobular structures, is most prominent in the less intense and more chronic forms of phthisis, in which these structures are more especially involved.

9. It is doubtful whether our present knowledge of the etiology and histology of phthisis justifies a subdivision of the disease into different *pathological* varieties. All phthisis is inflammatory, and the variations met with in the clinical history of the disease, and in the physical characters of phthisical lungs, are probably to be mainly ascribed to variations in the intensity and duration of the inflammatory processes which give rise to the pulmonary consolidation, and also to the parts which primary pulmonary inflammation, bronchial inflammation, and infection, play respectively in the causation of the disease. The development of lesions which histologically are termed tuberculous, although very frequent in phthisical lungs, is probably, as we have already indicated, not due to any essential difference in the nature of the pathological process; and inasmuch as the occurrence of such lesions is not usually accompanied by any distinctive clinical phenomena, we cannot admit the existence of a tuberculous variety of the disease.

Having thus briefly reviewed some of the more important points connected with the pathology and histology of phthisis, we are now in a position to consider the clinical features of the disease. In the first place, then, what relation subsists between the general symptoms which accompany phthisis and the local lung lesion? Do the former in all cases stand in causal relation to the latter; or are any of the general phenomena of the disease due to some antecedent constitutional state of which the local lesion is merely one of the manifestations? That some constitutional state exists in a large proportion of the cases of phthisis cannot be denied, but this probably consists, for the most part, as we have seen (proposition 5), in some inherent weakness of the pulmonary, and sometimes of other tissues, which renders them abnormally liable to become inflamed, and abnormally incapable of recovering from the effects of the inflammatory process. The constitutional tendency or predisposition, however, is not phthisis. The phthisis is the lung consolidation, and all the more prominent symptoms which accompany the disease are undoubtedly directly due to the local lung lesion.

Although phthisis so often occurs in those who are constitutionally weak, some distinct failure of the general health very commonly precedes the onset of the disease. That this should be so we have explained pathologically in our fourth proposition. The importance of remembering this fact in the treatment of those who are known to inherit a phthisical tendency it would be difficult to over-estimate, as by maintaining the health of such individuals we may often prevent the development of the disease.

The causes of the impairment of health vary considerably. In some it is unfavourable hygienic conditions, in others overwork or mental strain, in others again parturition. As the result of such causes the appetite often fails, digestion and assimilation are imperfectly performed, there is some loss of flesh, strength, and energy, and then perhaps both lung symptoms and physical signs declare the existence of phthisis. It is often impossible in practice to distinguish those symptoms which precede the lung disease from those which more directly result from and accompany it. This difficulty is especially marked in those cases in which the development of the pulmonary lesion is very insidious, and in which consequently the lung symptoms and physical signs are either equivocal or absent. We shall again allude to this when speaking of diagnosis.

With the development of the pulmonary lesion symptoms which are directly due to it almost invariably make their appearance. These symptoms may be divided into constitutional symptoms, of which pyrexia, with its attendant results, and loss of flesh, are the most important; and what we may conveniently speak of as lung symptoms—cough, expectoration, dyspnœa, &c.

Firstly, with regard to the constitutional symptoms. These are due to the pulmonary inflammation which, like all other inflammatory processes, is usually accompanied by more or less constitutional disturbance, the most prominent symptom of which is fever. This occurs not only during the progress of the lung consolidation, but also during the process of softening. During the former period the type of the pyrexia is usually much more continued than during the latter, in which it tends to assume an intermittent character. This intermittent or hectic type of the fever, which occurs during the process of softening, is probably septicæmic, and due to the absorption of the inflammatory products. The cause of the lung symptoms is sufficiently obvious, and their consideration need not now detain us.

In speaking of the symptoms of phthisis it is important to remember that the course of the disease is usually intermittent. A continuous implication of the lung is exceptional, and occurs only in some of the most intense and rapid forms of the disease. In all the more chronic cases the progress of the lung consolidation is interrupted by shorter or longer periods of quiescence, during which, although the lung symptoms may persist, the fever and constitutional symptoms are in abeyance. During these quiescent periods the general health and strength of the patient commonly improve, and where the disease is limited a very fair state of health may be maintained for many years. This accommodation of the system to the pulmonary lesion in the more chronic and localised forms of phthisis is very remarkable, and I shall have occasion to allude to it again hereafter. In concluding this preliminary sketch we must not forget the liability to such complications as hæmoptysis, ulceration of the intestines, and disease of the larynx, all of which will be considered in due course.

ABSTRACT OF A

Clinical Lecture

ON

ABSCESS OF BONE.

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THERE is a case of great interest now in Albert ward. A boy, aged thirteen, was brought on Feb. 23rd, 1882, suffering from pain below his left knee. Eight days before admission he had a blow on the inside of the knee, but thought little of it during three or four days, until the limb began to be painful and to "keep him awake at night." There was no swelling of the knee or below it, and no effusion into the joint, but the superficial veins were enlarged; the part was hot and tender to the touch. The boy was put to bed at once, and leeching relieved his pain to some extent; but Mr. Sheild, our house-surgeon, who is not likely to overlook any symptom of importance, told me that there still remained one tender spot. His relief from pain was only temporary, and he suffered so severely that he could neither eat nor sleep. Now, you must notice the temperature chart, which shows a rise on the first night to 104° F., and about that rise also on the four subsequent nights. There were no rigors, but sweating occurred at intervals. Then on the fifth morning after admission you were all of you witness to the writhe of pain elicited by pressure of my finger at one spot just below the inner tuberosity of the tibia; and I decided that there was an abscess in the head of the tibia bone. There was no disease in his chest and no evidence whatever of any other malady. The patient was put under chloroform, and an incision was made upon the spot before noted right down to the bone; the periosteum was not thickened, and the bone beneath was hard. A perforator (in shape something like a large bradawl) was then driven slowly with slight lateral movements into the cancellous tissue, and the exuding blood was carefully watched. When the instrument had penetrated quite to the middle of the head of the bone flakes of pus began to escape, evidently from the interior. The pain immediately after the operation was intense, but very soon ceased. The temperature dropped to normal, and so has continued. The boy is now quite free from pain, there is no fever, no heat, no swelling, no tenderness in the parts; the abscess cavity, which for some days discharged pus freely, appears now (a week after the operation) to be nearly empty, and the parts inclined to heal, and the patient will probably make a good recovery.

The head of the tibia is the most usual place for the occurrence of abscess of bone. The affection was first described by Sir Benjamin Brodie, who discovered it in the lower end of the tibia; it appears to be generally due to contusion of the bone, and often runs a much slower course than in this case. The localised tenderness is one of the most important signs, and if with this there is a rise in temperature, an operation must not be delayed. The loss of the neighbouring joint, the sacrifice of the entire limb, or even of the patient's life, will be the result if there is neglect or delay. The affection is more likely to be acute in a young subject, and perhaps in the case before you the abscess occurred near the epiphysial line; there is therefore the more urgent need of surgical interference. As soon as the surgeon can satisfy himself that his diagnosis is correct he must do his best to find the abscess.

REMARKS ON

EPITHELIOMA AND ICHTHYOSIS OF THE TONGUE, BASED ON THE RECORDS OF SEVENTY-FIVE CASES.

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(Continued from page 778.)

Some observations on the relative value of different methods of excising the tongue are suggested by these cases. I will confine my remarks to the cases operated upon by myself. Out of twenty operations performed on nineteen persons, *six* were done with the galvano-cautery écraseur, and in one of these the cheek was divided obliquely downwards from the angle of the mouth, after the method of Gant. *Seven* were done with the twisted wire écraseur, and in one of them also the cheek was divided; in two the tongue was first detached by scissors from the floor of the mouth: in two the twisted wire-rope was passed into the mouth through a supra-hyoid incision, the incision in one case being made along the median raphe of the floor of the mouth, and in the other on one side of the raphe: in two the écraseur was looped round the tongue without any preliminary incision—the absence of præmolar and molar teeth in one of these cases afforded ample room for operating upon the whole tongue, whilst in the other case it was only necessary to remove the anterior half. *Three* cases were done by the twisted wire écraseur after median division of the tongue: in two of these the disease was limited to one lateral half of the tongue; in the other case the whole tongue was removed in two lateral halves. *Four* were cutting operations, either the scissors or the knife being employed. In two of these the tongue alone was affected, and in one of these the lingual artery was tied previously to excising the diseased part; in the other the front half of the tongue was cut away with a knife after transfixing the tongue and holding it forward with two long needles, the hæmorrhage being quickly stopped by torsion. In the other two cases the floor of the mouth as well as the under surface of the tongue was involved; in one of these the symphysis menti and lower lip were first divided, and afterwards the diseased tissues were freely removed with the knife; in the other case the diseased parts were freely cut away with scissors, curved at various angles so as to get well down behind the jaw, and Paquelin's thermo-cautery was used for checking hæmorrhage.

The *average period of convalescence* in five of the galvano-cautery cases was 32·4 days. The shortest was 26 days, the longest 50 days. The sixth case died. The average period of convalescence of three cases in which the twisted wire écraseur was used after median division of the tongue was 21 days. The shortest was 16 days, the longest 27 days. The average period of convalescence of five cases operated upon with wire-rope écraseur was 19·2 days. Two patients were well in 12 days; the longest period was 27 days. The sixth case operated upon with the wire rope quickly recovered from the wound of the tongue, but a supra-hyoid fistula remained for one year. In the seventh case recurrence took place before the wound was healed. The average period of convalescence of three cases in which the disease was cut away was 16⅓ days. Two recovered in 14 days, the third in 21 days. In the fourth case the symphysis was divided; and though the mouth healed well the bone was not united until the end of the fifth month after the operation.

The amount of tongue removed does not affect the length of the period of convalescence. The supra-hyoid incision should, I think, be avoided if possible. It is not at all requisite for drainage; the mouth can drain itself well

enough without it, as we witness in salivation. The great objection to it is the length of time a fistulous opening is likely to remain. In one case it remained a full year; in another case it remained six weeks; in a third it probably never closed, as the disease rapidly recurred, and the patient died soon after leaving the hospital. The division of the cheek from the angle of the mouth is to be preferred when more room is wanted to get to the base of the tongue. This wound heals in a few days; it adds nothing to the risk of the operation, and the scar which results is but slight, and in men can be nearly hidden by the beard. The division of the symphysis is the most formidable and the least favourable mode of operating; it can but rarely be necessary, it is only when the mucous membrane on the inner surface of the jaw is affected and cannot otherwise be removed. In the case in which I divided the jaw the union was preceded by necrosis of the sawn surfaces, was thus long delayed, and was broken down again subsequently by recurrence of the cancer. This may be expected to happen in other cases, because when the floor of the mouth is originally affected the disease almost invariably returns in the tissues between the hyoid bone and the lower jaw. I have for some time past quite discarded the galvano-cautery écraseur, with which I did most of my earlier operations. The slough which follows its use is more offensive; it is also more extensive, and hence the period of convalescence is longer. The cautery, too, is uncertain and irregular in its action, owing to the cooling action of the discharges upon the thin wire. The median division of the tongue as a preliminary to the use of the écraseur, as advised by Mr. M. Baker, is admirable for cases in which the disease is limited to one lateral half of the tongue; but when both sides of the tongue are more or less affected, and nearly the whole organ has to be removed, it is not appropriate. It is then, indeed, an unnecessary complication. Moreover, when the median incision is carried back beyond the circumvallate papillæ there is free bleeding from the cut surfaces, which is not checked until the loops of the écraseur are applied.

It is impossible to say that any one method of operating is the best. The operation must be planned to suit the individual case, and the operator should be willing to vary his procedure to meet different conditions. The size of the mouth, the presence or absence of good teeth, as well as the position and extent of the cancer, are circumstances which require to be considered.

The procedure which, however, up to the present time I have preferred has been the twisted wire écraseur. Quicker recoveries have followed the use of the wire écraseur than any other operation I have performed. When used slowly, and held so that the wire-rope is kept in a line with the handle, there is no danger of the rope breaking. Hæmorrhage is seldom or never troublesome, and I have often seen the arteries drawn a long way out in the noose of the écraseur, so that they can be cut or twisted without a drop of blood escaping from them. When it is necessary, in order to apply the écraseur far back, to snip the front attachments of the tongue, the bleeding ceases on pulling the tongue firmly forwards; and if the écraseur be worked from the side of the mouth, so as to divide the tongue from side to side, and not from above downwards, there is little or no fear of the needles being dragged forwards through the tongue by the écraseur. The incision of the cheek greatly facilitates this mode of holding the écraseur, and is sometimes absolutely necessary. The most important safeguard in the operation is a stout ligature passed through the root of the tongue behind the line of operation. By traction upon it this ligature not only assists in counteracting the tendency of the écraseur to drag the cheek needles forwards through the tissues of the tongue, but it prevents the stump from falling backwards over the top of the larynx. I have once or twice seen danger arise from want of this precaution; and in one operation which I witnessed the patient would most certainly have died had not a bystander, who happened to have a pair of tongue forceps in his pocket, recognised the situation and instantly seized and drawn forwards the root of the tongue.

I have never operated by the Walter Whitehead method; but, having seen how quickly wounds heal after cutting operations on the tongue, I can quite understand why Mr. Whitehead's operation has so rapidly gained favour. When the whole tongue has to be removed I should certainly give his method the preference over the supra-hyoid operation or the division of the symphysis of the jaw. With the écraseur, however, there is less risk of hæmorrhage, and quite as good a prospect of early convalescence; some, indeed, think a better. In cases in which the disease is quite confined to one lateral half of the tongue, the Whitehead operation is unnecessarily severe. If, however, the tissues across the median septum are at any part interfered with by the noose of the écraseur, there is risk of the tip sloughing. This occurred in one of my earlier cases; but it can be avoided by dividing the tongue along the median line before applying the écraseur. In one case, in which the operation was limited to one lateral half, the woman, after recovering from the operation, was occasionally annoyed by biting the remainder of the tip. In no other instance has any inconvenience resulted; on the contrary, patients have been grateful that one half of the tongue has been left uninterfered with.

The *mortality after operations* on the tongue is very slight, and does not amount to 3 per cent. Upwards of thirty-five operations were performed on the twenty-nine patients included in Series I., and there was only one death. The fatal case was an old man, seventy-one years of age, who died on the ninth day after the operation. At the post-mortem examination there was found a fatty heart and slight pneumonic congestion, but no lobular pneumonia or bronchitis. The patient simply sank, and died from exhaustion, the result of fatty heart and feeble circulation.

Septic pneumonia has been mentioned as a special source of danger after operations on the tongue, but it was not a frequent occurrence in the cases tabulated. Post mortem examinations were made in twelve cases in the first series. In two cases where recurrence of cancer had taken place in the stump of the tongue, lobular pneumonia was found. In five other cases there was some pneumonic congestion of a portion of one or both lungs; but as in four of them recurrence was limited to the cervical glands and external parts, the condition of the lung was quite independent of any sore in the mouth. Eight cases of the second series were examined after death, and the lungs were found to be affected in four. In not a single case did either lobular pneumonia, gangrene, or pyæmic infarcts of the lungs arise in consequence of an operation; whilst in only four cases out of twenty examined after death was either of these pathological conditions found. The œdema and congestion of the bases and back of the lungs in the other cases were only such as are commonly seen in those who have died slowly.

Nor are the complications and accidents which retard recovery from operations either frequent or severe after operations on the tongue. Twice only has secondary hæmorrhage occurred in my practice. Both patients were intemperate and had marked congestion of the surface capillaries. One in whom the hæmorrhage recurred was sixty-six years of age and very excitable, and had arcus senilis and rigid arteries. The hæmorrhage occurred on the fifth day, after the patient had been talking a great deal and had got out of bed. In one patient an abscess of the tonsil; and in another a deep abscess in the neck about half way between the lower jaw and clavicle occurred; but not until the tongue had healed and the patients were getting about. It must, I think, be allowed that in persons otherwise sound operation on the tongue for cancer may be made to be attended with but little risk. Providing the tissues behind the line of excision are secured by a stout ligature and kept well forwards, providing also that the back of the throat is kept clear by the assiduous use of small sponges on sticks or in long handles, and that if any bleeding occurs the head be kept well over on one side so as to allow the blood to escape from the mouth, there is no danger whatever from the operation itself. In the after-treatment the two essential points are (1) feeding by the rectum, at intervals of not more than four hours, from the day of the operation until the time when plenty of nourishment can be swallowed; and (2) frequent and thorough irrigation, especially just before and after taking food through the mouth. Irrigation should be continued until the wound is quite healed.

In the cases in which secondary hæmorrhage occurred I found half-drachm doses of liquid extract of ergot and the local application of styptic colloid quickly effective. The styptic colloid is admirably suited to check venous or capillary oozing; it tans the surface of the wound, causes little or no slough, and corrects the fetor of the discharges. It is also very useful in cases in which no operation has been done.

Lastly, as regards *recurrence of epithelioma after excision of the tongue*.—In eight the disease recurred both in the glands and in the mouth. In eight (probably nine) in the

glands; but not in the mouth at the time of death. In five cases more than one operation was done on the same patient on account of recurrence in the tongue; but in only four had the disease returned in the mouth alone at the time of death. In four there has as yet been no recurrence. In three nothing is known as to recurrence. One patient died before there was time for recurrence. In six cases some (cancerous?) enlargement of glands was detected prior to operation. In four of these the mouth did not again become affected. In one the mouth was again affected. In one the gland has since remained unaltered, and there is no recurrence in the mouth. In two or three cases there were secondary deposits in the skin of the neck and chest and in the pleura.

The comparatively large number of cases in which recurrence was confined to the glands in the neck, and the very few in which it was confined to the mouth, stimulate the surgeon, on the one hand, to remove at the time of the operation on the tongue any glands about which there is the least suspicion of cancer; and, on the other, encourage him, whilst taking care in all cases to go wide of the disease, to limit his operation in suitable cases to the excision of a portion only of the tongue.

I have only in one case divided the lingual gustatory nerve. The patient was suffering agony and no anodynes gave him any ease. Though the glands in his neck were much enlarged he referred all his pain to the right side of his tongue and right ear and temple. The indication for the operation was therefore clear. Much relief from pain was secured, but salivation and sloughing of the tongue increased during the week following. The division of the nerve cannot often be called for, because if the glands in the neck are not affected or but little enlarged it would be better to excise the tongue; whereas if the glands are greatly enlarged the pain, unless clearly referred to the distribution of the third division of the fifth nerve, is probably caused by pressure on the nerves in the neck by the enlarged glands. Pain is often very severe when cystic formations take place rapidly in the cancerous glands, and may be quickly relieved by aspirating, or laying open the swellings.

In one case I ligatured both linguals, at an interval of a week, for hæmorrhage from the mouth. In another the common carotid was tied for hæmorrhage from an ulcer in the neck. When hæmorrhage proceeds from the stump of the tongue, or from the floor of the mouth, it would be well, I think, to ligature the facials at their origin as well as the linguals. This was indicated at the post-mortem of the case referred to.

(To be concluded.)

ON THE USE OF CHRYSOPHANIC ACID INTERNALLY IN PSORIASIS.

BY ALEXANDER NAPIER, M.D.,
ASSISTANT TO THE PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, GLASGOW UNIVERSITY; PHYSICIAN FOR SKIN DISEASES, ANDERSON'S COLLEGE DISPENSARY.

I FANCY that very few will be inclined at the present time to dispute the statement that of all the remedies which are at our disposal for the treatment of psoriasis, chrysophanic acid applied externally is the best and the most generally serviceable. This, however, is a mode of treatment which has many drawbacks. It is excessively dirty, and this is the more disagreeable and troublesome the more extensive the surface to be treated. To a tender or delicate skin the acid proves extremely irritating, even when used in the form of a weak ointment, necessitating frequent pauses in treatment to allow the irritation to subside. It stains the hands and nails, and the normal integument generally, of a dingy greenish-brown colour, and it dyes such hair as is light in colour: the hair, originally white, of a patient whose case is well described by Dr. James Adams (*Edinburgh Medical Journal*, July, 1878), "rapidly assumed a bright canary colour, ending in a fine purple." It soils under-clothing, linen, &c., the stains it produces being removable only by the prolonged use of bleaching-powder, or by hot benzole, provided no soap or alkali has been used. And, lastly, the quantity of the drug needed to effect a cure, if applied externally and as freely as it should be, is very considerable, and the cost of it places it beyond the reach of the poor or of patients treated gratuitously; thus Professor Charteris speaks of having used thirty-two ounces of ointment (one drachm to one ounce of lard) in one case, and in twenty-four applications.

About a year ago, when considering how these disadvantages might be minimised, the use of the remedy by internal administration very naturally suggested itself. That chrysophanic acid has a constitutional, as well as a local, action seemed pretty evident from some cases which were treated in the winter of 1880–81 in Professor Charteris' wards in the Glasgow Royal Infirmary, and recorded by him in THE LANCET of April 23rd, 1881. The indications of constitutional action in these and some other cases which he treated in the same way (by the external use of the acid) were the occasional production of nausea, vomiting, looseness of the bowels, and, principally, the fact that cases treated by the application of the ointment to one side of the body only were cured, the eruption disappearing nearly as rapidly from one side as from the other. I saw one of the patients so treated, and am able to testify that the cure was equally thorough on both sides. Several patients of my own had also stated spontaneously that their hair, formerly light, had become perceptibly darker, though none of the acid had been applied to the scalp. This I set down at the time to the accidental contact of the remedy with the hair. Some light was cast on this question as to the absorption or non-absorption of chrysophanic acid by the skin, by the researches of Drs. Lewin and Rosenthal, published in Virchow's *Archiv*, lxxxv., p. 118. These gentlemen administered chrysarobin (which contains 80 to 84 per cent. of chrysophanic acid) to rabbits, in a pill made with crumb of bread, and found that it underwent partial oxidation in the system, chrysophanic acid being detected in the urine; part of the chrysarobin, however, passed into the urine unchanged. By shaving the abdominal surface of a rabbit, and rubbing in a chrysarobin ointment, they proved that that drug was absorbed through the healthy skin and partly oxidised into chrysophanic acid, whilst the part which was not so oxidised excited violent nephritis in being eliminated by the kidneys. Though these considerations seemed to point to some other influence than a merely local one, I still hesitated to prescribe the drug for internal use, partly on account of its known irritant powers, but mainly on account of a case, the details of which were published by Mr. J. Glaister in the *Glasgow Medical Journal*, Oct. 1881, in which a single dose of three grains of chrysophanic acid, combined with forty grains of compound jalap powder, produced symptoms of poisoning of a very marked kind, consisting of "burning pain in the stomach, vomiting, pain in the bowels, diarrhœa, hæmaturia, and pain over the bladder, with tenesmus." It will be seen from the following cases, however, that the drug may be administered in small doses with perfect safety and with a certain measure of success:—

CASE I.—D. A——, aged sixteen, a strong, healthy-looking lad, appeared at Anderson's College Dispensary on Sept. 28th, 1881, suffering from ordinary diffused psoriasis. He had never had any kind of eruption on the skin before. Early in the previous July he had been attacked by British cholera, and as he gradually recovered from that the present eruption was noticed, first on the extensor surfaces of the knees and elbows simultaneously, and thence spreading over the whole body. On the date above named the patient was put on arsenical treatment. This apparently had no very good effect, for on Nov. 2nd the following note was taken: "The eruption is a typical psoriasis, and is found on limbs and trunk, being specially abundant on the back; face, palms, and soles free of eruption; scalp very extensively and severely involved. Most of the spots are about as large as a sixpenny-piece, though here and there are seen patches which measure quite two inches across. The scales on the knee patches are thick and adherent; at other parts they separate more freely. Of late the eruption has been itchy at night. A brother suffers from a similar eruption." The following was prescribed: three grains of chrysophanic acid and forty grains of sugar of milk, to be made into twenty-four powders, one powder to be taken after each meal.—Nov. 9th: Patches much paler, less scaly, and very much less itchy. Ordered four grains of the acid in twenty-four powders, to be taken as before. No vomiting or any sign of gastro-intestinal disturbance.—23rd: Patches still paler and less itchy. Ordered six grains in twenty-four powders.—30th: Eight grains in twenty-four powders.—Dec. 7th: Ten grains in twenty-four powders.—21st: Improvement very marked. Ordered twelve grains in twenty-four powders.—28th: Sixteen

grains in twenty-four powders. Still no irritation of stomach or bowels; no pain, vomiting, or diarrhœa.—Jan. 4th, 1882: Nearly well. Twenty-four grains in twenty-four powders.—18th: Thirty-six grains in twenty-four powders.—25th: Forty-eight grains in twenty-four powders.—Feb. 2nd: Patient is now perfectly well; there is no trace of the eruption on body or head; on the elbows and knees the skin on the sites of the patches is slightly paler than healthy skin, but beyond this there is now no indication that there has been any eruption on these parts. Patient states that improvement was earliest and most evident on the scalp. Up to this point there has been no sign of irritation of stomach or bowels. As a precautionary measure, to prevent relapse, powders containing seventy-two grains of the acid in twenty-four—that is, a dose of three grains in each—were prescribed.—15th: Last powders caused vomiting, and occasionally pain in stomach and bowels. Ordered sixty grains in twenty-four powders—i.e., a dose of two grains and a half in each.—22nd: Last powders also caused vomiting, but without pain or any other discomfort. Ordered a pill containing one grain of chrysophanic acid and one grain of extract of hyoscyamus.—March 1st: The pills also made patient sick directly after they were taken. Ordered one-grain doses in sugar of milk.—8th: These powders still cause sickness, but only occasionally. Ordered half-grain doses.—April 4th: Skin still clear of eruption; only faint pale mark showing the site of the patches on elbows and knees. These marks seem paler than usual against the neighbouring healthy skin. The powders last prescribed (half-grain dose of the acid) have caused no vomiting or other discomfort. During the course of treatment the patient has had no conjunctivitis, and has not noticed any change in the colour of his hair. The medicine very seldom caused pain in the stomach or bowels. Vomiting, when it did eventually come on, was easy and painless. There was no interference with appetite or digestive power; only occasionally were the bowels caused to act rather freely. The urine had frequently "a very heavy smell" and looked "muddy," but showed no very decided change in colour. The course of treatment in this case was somewhat prolonged, but it must be borne in mind that much time was lost at first by the employment of such small doses, through fear of the remedy.

CASE 2.—T. A——, brother of the preceding, a strong-looking boy of twelve years of age, presented himself at the dispensary on January 4th, 1882, suffering from well-marked psoriasis. The eruption was not so extensive as in the preceding case, and was found chiefly on the extensor surfaces of the arms and legs. Ordered one-third of a grain of chrysophanic acid, rubbed up with sugar of milk, after each meal.—January 18th: Little if any improvement; to have half a grain of the acid after each meal.—February 15th: Since the last note the dose has been gradually increased, till latterly he has been taking one grain and a half after each meal. This, however, has lately caused vomiting several times. Dose reduced to half a grain in pill, with extract of hyoscyamus.—March 1st: Pills also make the patient sick. Ordered quarter of a grain in powder.—8th: Eruption improving. To continue acid in quarter of a grain doses.—April 5th: Eruption very much better; patches pale and less scaly; continue quarter of a grain doses of the acid.

These two cases were shown at a meeting of the Glasgow Medico-Chirurgical Society, on April 7th, 1882.

CASE 3.—Mrs. H——, aged thirty-seven, presented herself at Anderson's College Dispensary on Nov. 16th, 1881, suffering from an eruption which had appeared several years in succession, beginning usually in spring. The present attack began two months ago. The eruption consists of well-marked patches of psoriasis, the largest of which are situated on the elbows and knees, many of them being as large as a shilling piece. Over the back and chest the spots are smaller, about as large as a split pea. To have a quarter of a grain of chrysophanic acid, with a few grains of sugar of milk, after each meal.—Nov. 21st: The patches were much paler, the scales separating freely. As the acid had not caused pain, or vomiting, or any discomfort the dose was increased to one-third of a grain. As this patient did not return her further history is unknown to me.

Several other cases of psoriasis have been treated with chrysophanic acid internally by me; but of these I can give no very satisfactory report, mainly on account of the irregularity of attendance and carelessness in following instructions, so characteristic of many of the poorest classes, who form the bulk of our dispensary patients. Thus one patient did not return at all after getting one supply of powders. Another case was that of a boy, aged fourteen, who was put on one-third of a grain doses of the acid; he only came back once, a week after, and complained that the powders caused pain in the stomach, and on account of this the dose was reduced to one-fourth of a grain. It is noted regarding him that his patches of psoriasis were much paler at the end of the first week of treatment. Another patient, a girl aged ten, was ordered half-grain doses of the acid in pill, with extract of hyoscyamus. At the end of a week she returned, saying that the pills had sickened her; she was accordingly ordered the same dose in powder, with sugar of milk. At the end of another week it was found that the powders had sickened her only occasionally; they were therefore continued. The mother explained that the child's stomach had always been particularly easily upset. The note taken at this visit states that there was then "no perceptible influence on the eruption." At this point I lost sight of the patient. I have still another patient, who was put under this treatment recently, but can give no account of her in the meantime.

The foregoing embodies practically the whole of my experience of the use of chrysophanic acid by internal administration. Of course it would be presumptuous to dogmatise on the strength of this, but I think I have shown, for the first time, that in certain cases psoriasis may be cured by the use of chrysophanic acid in this way, that the belief that the remedy has a general as well as a local action on the system is well founded, and that this drug is capable of being absorbed when taken internally, and of exercising a special influence on the skin after absorption. What the nature of this action is I am not in a position to say, but it may possibly be found to be due, as in the case of arsenic, to some special selective influence of the drug on the epidermis. Treatment by chrysophanic acid used in this fashion appears somewhat slow, yet there must be many cases in which this mode of treatment will prove the best; as, for instance, when the eruption is very extensive, when the skin is very delicate and irritable, and when expense is an obstacle to the use of the drug in any other way. It seems to me that the dose should at first be small. I would suggest half a grain as a good medium dose for an adult to start with. The dose should be increased gradually as the stomach is found able to bear it. It would appear, however, from Case 1, that if once intolerance of the drug be set up, doses which were previously well borne cause vomiting and other signs of gastro-intestinal irritation, and small doses must again be resorted to. The drug seems also to be better sustained when given in powder, after food, and combined simply with sugar of milk; the pill containing extract of hyoscyamus with chrysophanic acid seemed to cause most irritation.

It is worthy of note that when cured, the spots where the eruption was show the same unnatural paleness observed in similar circumstances when the acid has been used externally. I can say nothing yet as to the possibility or probability of relapse, but at present date patient No. 1 remains well.

The employment of chrysophanic acid internally in medicine is no new thing. Dr. J. Ashburton Thompson, who experimented with it in over 300 cases, describes it as a valuable new emetic purge, having an action on the liver, and recommends an average dose of six grains for a child of ten, and ten to fifteen grains for an adult. He says that it leads to the evacuation of large quantities of bile, and he has used it with success in hepatic obstruction—congestive, catarrhal, and the like. He thinks it "a useful addition to our list of remedies, because it affords the means of clearing out the primæ viæ with a thoroughness and promptitude not equalled by any other remedy with which he is acquainted, a combination of ipecacuanha and tartar emetic alone excepted."

At p. 460 of Wood's "Therapeutics," 1881, Schlossberger, Bucheim, Meykow, and v. Auer are quoted as authorities for the statement that chrysophanic is not a purgative, while it is stated that Schroff has found that it has a purgative action. And in vol. i. of Dr. D. C. F. Phillips' "Materia Medica and Therapeutics," 1874, p. 182 *et seq.*, reference is made to the views of Nothnagel and T. and A. Husemann as to the purgative action of chrysophanic acid. All this, however, is very different from the use of the drug I have been discussing, and from the effects it produces in continued small doses.

Note.—Since the above was written, Professor Charteris has had a case of psoriasis in his wards in the Royal

Infirmary under treatment by chrysophanic acid internally. The patient is a girl thirteen years of age, and this is her first attack of the disease. The eruption was very extensively distributed, no region of the body being free from it. Most of the patches were very large and covered with thick silvery-white scales. Treatment was begun by the administration of chrysophanic acid in half-grain doses three times a day made into pills with crumb of bread; the dose has been gradually increased, till now the patient takes nine grains daily in separate doses of one grain. At first there was occasionally slight sickness, but now complete toleration of the medicine is established; there is no sickness or vomiting, no pain in the stomach, and appetite and digestion are unaffected. The influence of the remedy on the eruption is most striking after about six weeks' treatment; most of the patches on the trunk have quite disappeared, while those on the limbs are healing very rapidly, especially in the centre. The nurse in charge of the case very aptly remarked that this was a much pleasanter way of using the acid than by rubbing externally, and that the patches of eruption now looked exactly like those "on the leg that wasn't rubbed" (referring to the cases treated by the application of the ointment to one side of the body only).

Glasgow.

ON A CASE OF
PUNCTURED FRACTURE OF CRANIUM.

BY T. M. LOWNDS, M.D. EDIN., &c.

ON April 29th, 1881, I was called to see Master ——, aged thirteen years and a half, who had been accidentally struck by the point of a wicket on the cricket field about an hour before. I saw him about half-past four in the afternoon, and found that the point of the stump had penetrated both tables of the left parietal bone about three-quarters of an inch above and a little before the left ear. When first struck he had become insensible, but had recovered in a few minutes, and now felt only a little giddy. The hæmorrhage was slight, but a considerable quantity of hair had been driven into the wound, which was round, and at least three-quarters of an inch deep. The cerebral matter pulsated through the inner aperture. Both eyes were normal as to the pupils, and there was no squinting. Pulse small and about 84. I carefully removed the hair driven into the wound, and cut off that surrounding, then washed out the wound with carbolic acid lotion (1 in 100), and brought the edges into apposition with two pads of lint soaked in the same lotion. The patient was then put to bed, and his head kept cool.

About half-past nine in the evening Mr. G. Pollock came to see him with my partner Mr. Giffard and myself. On examining the wound it was at once seen that adhesion had taken place, and apparently the wound had healed by the first intention. The pulsation of the brain could still be seen most distinctly. Pulse was quiet and patient inclined to sleep. In consultation it was determined not to interfere with this punctured fracture of the cranium unless some symptoms of brain mischief should arise. The age of the sufferer, the absence of all brain symptoms, and the wound having closed, were the grounds on which the line of non-interference was determined on.

The next day there was some sickness, but not much. A dose of calomel was given. He slept at intervals during the night. Temperature about 99°. On May 1st he was free from sickness. Slept well. Temperature 98°; pulse 72; respiration 24. Wound looking as if healed. I need not pursue the daily reports. He was watched carefully, and during the next twenty-four days none could have thought that the sharp end of a wooden wicket had penetrated the brain. He recovered without one bad symptom, the only treatment having been to keep the primæ viæ in order, and rest in bed. He was ordered not to resume his studies for at least six months. He did not return for a year, and he tells me that he has not been under the doctor's care, and has only had a few slight headaches. There is now only a depressed scar.

This satisfactory termination of this most dangerous fracture may fairly be ascribed to the carbolic acid antiseptic, which, as Mr. Pollock pertinently remarked, had in the space of five hours converted the compound into a simple fracture of the cranium. Not once was headache complained of. After the first few hours even the wound occasioned no annoyance; not one drop of pus formed.

The absolute freedom from pain furnishes no uncertain answer to the charge brought against Professor Ferrier, as to the suffering which the monkeys endured, on whose brains Professor Yeo operated and removed portions under chloroform, and the wounds were dressed before the animals recovered from the anæsthesia. If we may judge from the pain which Master —— described, it must have been absolutely absent. The wound I have noted was a much more painful one, as it was inflicted by a comparatively blunt instrument, was not dressed for at least an hour afterwards, and during that hour was only covered by a wet cloth. Surely the recovery of this patient without pain is very strong evidence that monkeys operated on while senseless, and their wounds dressed while still in a state of insensibility, suffered no pain while furnishing their quota to the science of localisation of function.

The progress of this case may also lead others to adopt expectant antiseptic treatment in punctured fracture, instead of following out the rule of trephining at once.

Egham-hill.

NOTES ON HYOSCYAMINE.

BY KENNETH W. MILLICAN, B.A., L.R.C.P.

HYOSCYAMINE is a drug which apparently possesses very valuable therapeutic properties, and like many other of the alkaloids requires only to be known to be appreciated. The first case in which I employed it was one of hepatic colic. Feeling convinced from its combined anodyne and anti-spasmodic properties that good results might be anticipated from its administration, I prescribed it in doses of $\frac{1}{100}$ gr. every half hour until relief was obtained. The patient, a woman who had several times previously passed gall-stones, was greatly relieved after three doses, and the administration was kept up at intervals of an hour until after the spasm ceased. I have several times used it in abdominal colic, in the same doses frequently repeated, and on all occasions with the best results; and it has also proved the most effectual remedy in relieving the painful distress of spasmodic asthma. Indeed, in this latter complaint, my patient, a long-standing martyr to the affection, admits that it has given him more ease than any other drug he has taken, and has completely displaced chlorodyne in his estimation. But, perhaps, the most valuable case of its successful administration is the most recent of all. The patient was a young woman from service who, when I first saw her, was in the most intense abdominal pain. There was considerable diffused peritonitis, and for some time the cause was uncertain. I was at first disposed to suspect, from the history, a pyæmic origin, but ultimately concluded that the peritonitis resulted from collections of fæces at the hepatic and splenic flexures of the colon. Morphia was administered both subcutaneously and by the mouth, and attempts were made to clear the bowels by bland enemata, but all to no avail. Having pushed the morphia as far as I dared, I was obliged to withhold its further administration, for though the pupil gave indications of its action, the pain did not seem to be in the least abated by it. After some time I determined to employ hyoscyamine, which I did in doses of one-fortieth of a grain every two hours. At first it seemed slightly to increase the pain, but shortly after its physiological action upon the fauces and pupil became manifest the pain began gradually to subside, and a fairly fluid evacuation of the bowels ensued. From that time the patient began to mend, and is now progressing fairly well. When I first used hyoscyamine I employed the granules manufactured by M. Chanteaud, the eminent French pharmacien. But recently I have used a solution of the alkaloid (Merck's crystallised) in rectified spirits of wine, of the strength of one grain in two drachms. One minim of this solution thus contains $\frac{1}{120}$ grain of the drug, which can either be administered in a mixture with a little dill water, or may be used to form lozenges with sugar of milk.

Kinston, Warwickshire.

THE Bristol Royal Infirmary has received, from "A Friend," a donation of £500.

ON A CASE OF GASTRIC HÆMORRHAGE.

BY HENRY R. OSWALD, M.D. EDIN.

MRS. R——, aged twenty-four, had not felt well for several months (one of her most troublesome symptoms being pain in the epigastrium and back), when, on the evening of Nov. 13th, 1880, she fainted. The following is a record of the more prominent symptoms from the day I first visited the patient:—

Nov. 14th: At 4 A.M. vomited a large quantity of dark blood, and at 8 A.M. about a teacupful of bright-coloured blood. More blood of a bright hue was brought up at 6 P.M. Shortly afterwards the bowels were moved, the stool containing dark blood. Pain in the epigastrium. Mineral acid was prescribed. Ordered ice to be sucked, room to be kept cool, rest in horizontal position.—15th: Blood, fluid and coagulated, vomited at 2 A.M. Gallic acid prescribed.—16th: At 1 A.M. a small amount of bright blood, and at 7 A.M. a large amount of darker blood, fluid and coagulated, was vomited. Copious bloody motion during the day. Patient exsanguine, skin cold, pulse small and feeble. Till now she had taken ice and gallic acid. At this period, on account of the urgency of the case, I deemed it advisable to try ergot. An enema of half an ounce of the solution of the extract of ergot, in water, was used about midday.—17th: Patient vomited several times, but passed no more blood since the injection, either by mouth or rectum. A small enema of beef-tea and brandy given.—18th: Headache and nausea complained of, but no more sickness. A very slight menstrual flow began. Another beef-tea enema administered, and a little slop-food allowed. Bowels unmoved since enema of ergot. Pills of bismuth prescribed.—19th: No sickness; no bleeding; appetite returning. Bismuth continued.—20th: Headache; tongue coated and clammy. Food of a semi-liquid form fairly well taken.—21st: Headache and coated tongue remain. Has been ordered brandy each day since the 17th.—22nd: Still very anæmic. Appetite fair. Partook of whiting to-day, bread, and an egg. Brandy continued. The bowels not having been opened since the 16th, an enema of gruel was administered at 1 30 P.M. without result. Repeated at 10.30 P.M., and followed by a dark motion. No bleeding. Bismuth still prescribed.—23rd: Felt sick, but did not vomit. Appearance of patient still bloodless. Slept little. Ate fish, bread, and butter. Bowels moved without aid.—24th: Partook of some mutton. Late in the evening an injection was given, followed by copious dark motion.—25th: No movement of bowels.—27th: Symptoms gradually improved. Constipation remained obstinate, and required enemata at various dates. Ammonio-citrate of iron commenced on this day, and was taken till the recovery of the patient. In three weeks from the first day of attack she was able to leave her bed, and in six to descend from her bedroom. Nausea returned occasionally, but was amenable to treatment by bismuth. In January, 1881, the patient went to the seaside. No hæmorrhage had occurred since the 16th of November previous. In July, 1881, during my absence from town, MRS. R—— suffered from another attack similar to that just detailed, but much less urgent. It was happily soon subdued by astringents. At the present date MRS. R—— is in fair health. She always complains, however, of constipation, and of a feeling of constriction around the abdomen about the level of the umbilicus.

Remarks.—There can be little doubt this was a serious case of gastric ulcer. I have been induced to relate the symptoms, however, to illustrate the specific action of ergot rather than to give an exhaustive clinical account of that malady. In a comparison of the effects of belladonna and ergot on involuntary muscular fibre, Dr. Brown-Séquard observes that the latter drug acts chiefly on the uterus and the vessels of the spinal cord. I presume he speaks of its physiological action; for, in the present instance, the therapeutic effect of ergot on the stomach was sufficiently distinct and notable. So much blood had been lost—its colour at times leading one to suspect it was partly arterial—that in forty-eight hours from the beginning of the attack the patient's friends despaired of her recovery. No syncope took place after the vomiting commenced. Therefore, the action of the ergot enema was not thus adventitiously helped, and from the date of its administration not a drop more blood escaped either by mouth or rectum. The dark fæcal evacuations mentioned were owing to bismuth. In such a case, then, how does ergot act? Not to enter into its reputed primary action on the sympathetic system of nerves, I conclude that its effects are developed, through involuntary muscular fibre, in three directions.

1. Through the arteries. There is reason to believe the capillaries of the stomach contain in their coat a larger supply of non-voluntary muscular fibre than most arterial vessels. Consequently the contraction of these, after absorption of ergot by the system, is firm, and the flow of blood along them relatively inconsiderable or possibly *nil*. The chance of its escape at an ulcerated surface is thus materially diminished.

2. Through the veins. From the same cause the venous capillaries are similarly reduced in calibre, but also from their natural tendency to adapt their size to the supply of blood coming from the arteries. By this means the danger, if any, of regurgitation is obviated, and the ulcer left less disturbed.

3. Through the muscular coat of the stomach, which consists of three sets of fibres, longitudinal, circular, and oblique, of the involuntary kind, the influence of ergot is most probably again asserted. By contraction of these fibres the stomach, it may be inferred, is thrown into folds, compression of the bloodvessels passing through the muscular coat being one result, and perhaps some adaptation of the ulcerated parts to each other another. In this manner the muscles of the stomach assist the capillaries, and may also promote healing of an ulcer by approximating its edges.

In the treatment of gastric ulcer it is of extreme importance, especially in case of hæmatemesis, to feed the patient with nutrient enemata and to avoid, as far as possible, the ingestion of any articles to the stomach. For not only does the presence of food or drugs disturb the denuded part, but by exciting the function of digestion stimulates a flow of blood to it.

In conclusion I wish to observe that, whichever may be the organs most affected by ergot physiologically, it exercises in disease a distinct control over any involuntary muscle in which a breach of continuity exists leading to hæmorrhage.

Camberwell New-road, S.E.

REMARKABLE CASE OF INJURY TO THE LEG FROM A FALL.

BY DUNCAN ALISTAIR MAC GREGOR, M.B.ED.

THE following case is perhaps of sufficient interest to be put on record in THE LANCET.

On the evening of June 15th, 1881, I was hastily summoned to see a lad, aged fifteen years, who had injured his leg by falling off an outhouse. I was told that the limb was very badly cut, and that a "long worm-like thing" was hanging out of the wound. On arrival, I found my patient sitting on a chair, and at first sight it seemed as if there was little the matter with him, as he was laughing heartily, apparently amused at the serious view his relatives were taking of the accident.

Upon examining the right leg, I found in front a deep longitudinal jagged wound, about two inches in length, almost immediately over the lower end of the tibia, and about a couple of inches or so above the ankle-joint. From the lower end of this wound the tibialis anticus muscle protruded almost in its entirety, the belly of the muscle lying on the dorsum of the foot. The hæmorrhage had evidently been very profuse, but had ceased when I saw the patient. Fortunately no large vessel had been injured, so, having satisfied myself on this point, I divided the tendon of the tibialis anticus at the lower end of the wound, and removed the muscle. I then cleansed the wound thoroughly with carbolised water, washing away all dirt &c., of which there was a considerable amount. Upon trying to approximate the edges of the wound, I found, as I anticipated that such could not be done, chiefly owing to loss of substance. I therefore applied a pad of lint soaked in carbolic oil, and bandaged the limb, enjoining perfect rest. After this point the history is simply that of a granulating sore; therefore I will not occupy space in giving details. The dressings were removed every alternate day. Everything went on

satisfactorily, and in less than three weeks the wound had healed up.

The history of this case (which I shall now briefly give) is, I fancy, almost unique. The boy, it would seem, had been out playing with some companions, when one of their number suggested that they should place a clod of earth upon the chimney of a neighbouring house. Accordingly they mounted upon the roof of an outhouse, from which they could easily reach the roof of the house they intended to attack. My patient's companions all managed to reach the chimney in safety, but he was not so fortunate, for in stepping from the outhouse his foot slipped and he fell back and rolled over on to the road. Unfortunately for him, the "roans" (or channels along which the rain flows at the lower end of the roof) were absent, but the curved hooks which had supported them were still intact. His right leg came violently in contact with one of these supports, which pierced the flesh and hooked round the tendon of the tibialis anticus. The boy then fell, and his weight dragged the muscle completely from its origin through the wound in the leg.

The points I consider specially worthy of notice are, first, the almost complete absence of pain. One would at first sight think that getting a muscle torn out in this summary fashion would be extremely painful; but this boy seemed to suffer absolutely no pain. Second, the apparently small loss to the leg by the removal of so important a muscle. The boy I see every day, and he can use the limb, he says, as well as he could before the accident. He certainly walks perfectly, and has neither halt nor limp.

Clayton West, near Huddersfield.

ON A CASE OF BROW AGUE.

By G. STANLEY MURRAY, M.D.

J. C——, a gardener by occupation, about forty years of age, came to me a short time ago, complaining of intense pain over his right eye. He said the pain seized him regularly every morning about 9 o'clock, and ceased at 7 o'clock in the evening, leaving him during the remaining portion of the twenty-four hours perfectly free from all discomfort. The attack commenced as a slight itching or tingling in the eyebrow, gradually developing into pain, which as the day advanced became so intense as frequently to oblige him to give up work and go home.

On examination I found a slight tenderness over the site of the supra-orbital notch (the seat of the pain), but not of any moment. The patient's general health was good, the appetite unaffected, the bowels regular, and the urine normal. In fact, the man complained of nothing but the pain in question. As he informed me that he had been previously treated by large doses of quinine without experiencing any benefit, I put him upon a course of arsenic and iron in frequent and considerable quantities for several days, with chloroform liniment and belladonna to apply on lint over the tender spot. This having no effect, I then desired him to try tonga. He commenced taking it the following morning, and in the evening came to say that he thought it certainly did him good, as although he experienced the pain as usual during the day, yet it was much diminished in severity. He determined to continue the drug next day, but left word in the evening (on my being from home when he called) to say that during the day he had been as bad as ever. After this I did not see him for a few days, when he came to tell me that the pain had entirely left him. On making inquiries I learned that finding the pain was as bad as ever during the second day of his taking the tonga he called at my house in the evening to say so, but finding I was out determined to come again the next day. The following morning he was seized at the usual time, the pain becoming so intense that he was forced to leave off work and go home. On reaching home he became very sick, and vomited violently, bringing up at last what he described as a "vinegar plant," when immediately all pain and sickness ceased. He was, it seems, very desirous of bringing that interesting specimen of the vegetable world to show me, but his wife dissuaded him from "making a fool of himself, bothering the doctor with that disgusting dirty stuff!" and so, I suppose, the interests of science suffered! He has since been perfectly free from pain, the attacks having left him. He has experienced this trouble regularly for the last twelve years, although it has never passed away in sickness of stomach before, nor has he ever felt any nausea or discomfort during the course of any previous seizures. He said the attack always commenced during the last few days of March or the beginning of April, and lasted invariably nine, nineteen, or twenty-nine days.

I may mention his right eye is blind through cataract, with which he believes he was born.

Putney.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

WESTMINSTER HOSPITAL.

EPITHELIOMA OF PENIS AFFECTING GLANS AND CORPORA CAVERNOSA; AMPUTATION OF THE ENTIRE PENIS, INCLUDING CRURA; RECOVERY; REMARKS.

(Under the care of Mr. A. PEARCE GOULD.)

THOUGH in the interesting case recorded Mr. Gould introduced an important novel proceeding, the operation was essentially an extension of the method of dealing with tissue affected with infiltrating growths—namely, as far as practicable to remove the whole organ. This Mr. Gould accomplished in an ingenious manner, followed by gratifying success.

P. K——, aged seventy-three, was sent to Westminster Hospital on March 9th, 1882, by Dr. Lloyd, and by the courtesy of Mr. R. Davy was placed under Mr. Pearce Gould's care in Mark ward. He was a feeble old man, and unable to give any clear history of his disease. He stated that he had the "bad disorder" forty years ago, and had had "irritation" at the end of his penis for about twenty years, but was unable to state when the sore first appeared. The glans penis and prepuce presented a characteristic appearance of epitheliomatous ulceration; a considerable part of both structures was destroyed; the surface was irregular, with everted, uneven, indurated edges, and it exuded a dirty serous discharge. The body of the penis was enlarged and of stony hardness quite up to the scrotum. No enlarged glands in either groin; no evidence of visceral disease. The man suffered a good deal of pain in the penis.

On March 11th the patient was placed under the influence of chloroform, and put in the lithotomy position. Mr. Gould commenced the operation by incising the skin of the scrotum along the whole length of the raphe; then with his finger and the handle of the scalpel he separated the two halves of the scrotum quite down to the corpus spongiosum urethræ, which was soon exposed. A full-sized silver catheter was then passed as far as the triangular ligament, and the knife was inserted transversely between the corpora cavernosa and the corpus spongiosum; the catheter was then withdrawn and the urethra cut across. The deep end of the urethra was then carefully detached from the penis quite back to the triangular ligament. An incision was next made round the root of the penis, continuous with that in the median line, the suspensory ligament of the penis was exposed and divided, and the penis separated except at the attachment of the crura. Mr. Gould now laid aside the knife, and with a stout periosteum elevator he detached each crus from the pubic arch; this step of the operation took some time, on account of the very firm union of the parts to be severed. Two arteries only—those of the corpora cavernosa—required a ligature, and the whole amount of bleeding was insignificant. The corpus spongiosum was slit up for about half an inch, and the edges of the cut stitched to the back part of the incision in the scrotum. The scrotum was stitched up, a drainage-tube being placed in the deep part of the wound, and its ends brought out in front and behind. A catheter was not placed in the urethra. The man, although aged and feeble, bore the operation well. The subsequent dressing consisted only

of an antiseptic absorbent cotton pad, fastened on by a T-bandage.

The progress of the case may be briefly stated. Five hours after the operation the temperature rose to 102°, but it fell in a few hours to 100°, and never again touched 101°, on and after the fourth day remaining normal. There was an entire absence of pain. For five days the patient was unable to control his urine, but after that he had complete power over his bladder. The skin wound healed by first intention, except at its two extremities, where the drainage-tube was. The deeper parts of the wound healed by granulation, and after the first few days were syringed out with tepid carbolic lotion. There was no œdema of the scrotum. The wound was completely healed by April 26th, but the patient was still kept in the hospital to regain his strength.

The man was exhibited at the last meeting of the Clinical Society of London. The wound was quite sound, the opening of the urethra is wide in the middle line immediately behind the scrotum; he retains his urine naturally, and passes it in a good stream. The appearance is peculiar: the scrotum is entire, but all trace of the penis is lost, and the only indication of the operation is a linear cicatrix along the raphe of the scrotum. The parts removed consisted of the whole of the corpora cavernosa, including the crura, and the corpus spongiosum as far back as opposite, about the middle of the symphysis pubis. The glands in the left groin are now (May 14th) a little fuller than those in the right. On section the epithelial disease was seen to spread back along the corpora cavernosa very nearly to the pubes, but the new growth was sharply limited by the firm sheath of these bodies; nowhere was there any evidence of its spreading through that structure.

Remarks.—Amputation of the penis is attended with one chief difficulty—the successful management of the urethra. This difficulty has mainly arisen from regarding the urethra as an integral part of the penis instead of as a separate organ conducted along, and adherent to, the penis; and so the great improvements in this operation all depend upon treating these two structures separately. The first of these improvements was that of separating the corpus spongiosum from the corpus cavernosa, and severing it at an anterior level, leaving it to project from the stumps of the penis proper. This is generally ascribed to the late Mr. Hilton, and for operations in the free part of the organ is very successful. Other similar modifications have been practised by Humphry, Gouley, Thiersch, and Davies-Colley. In his article in "Holmes' System of Surgery," Professor Humphry states that where it has been necessary to amputate near the scrotum, he has, after making a straight cut through the penis, carried an incision through the raphe of the scrotum into the perineum. The corpus spongiosum was then dissected up, turned down into the perineum, and left hanging out half an inch beyond the level of the skin; the scrotum was then united in front of the urethra. Dr. J. W. S. Gouley describes a somewhat different plan. After removal of the penis close to the pubes he passes a grooved staff along the urethra into the bladder. A scalpel is then plunged into the centre of the perineum, and into the groove of the staff, and all the tissues divided at one sweep, from below up, and from behind forwards; the urethra is then detached from the cavernous bodies, and stitched to the perineal wound. A case is reported in the *Archiv für Heilkunde*, Heft vi, 1877, in which Thiersch amputated the penis at the pubes, split the scrotum, detached the corpus spongiosum for nearly an inch, and brought out its free end through another wound which he had made in the perineum, an inch and a half in front of the anus. Mr. Davies-Colley informs me that in one case, after amputating the penis at the scrotum, he made a wound in the posterior part of the raphe of the scrotum, and through it separated the corpus spongiosum from the corpora cavernosa, brought it out, and stitched its free end to the skin. The result was highly satisfactory. In these methods it is important to notice that the objects gained are not only freedom from cicatricial stricture of the cut end of the urethra, but also freedom from infiltration of urine into the scrotum—which happened in one of my cases in which the older operation was employed—and freedom from the annoyance and irritation of urine passing down over the scrotum, a matter which greatly adds to the comfort of the patient. The operation which I performed differs from any of the above-described in three particulars, the chief of which is that I removed the whole of the corpora cavernosa, including the crura. With our recent experience of the value and importance of free removal of cancerous tumours, and where possible of the entire organs affected, this point is not immaterial. In this particular case the disease spread so far along the penis that I should not have been justified in operating at all unless I had removed the whole organ. The next point is that the first step of the operation consisted in splitting the scrotum, and dissecting away the urethra in the corpus spongiosum, which appears to present two advantages—viz., greater ease, for the corpora cavernosa, from which it has to be separated, can be fixed so much better; and the removal of the cancerous organ entire. Other surgeons have first cut across the penis, and then dissected away the urethra, and if the section be made close to, and *à fortiori* through, the cancerous disease there is considerable risk that cancer cells or some infecting particles may escape into the wound. In other organs it is a cardinal rule to keep outside the capsule of the cancerous organ, and the same rule should be observed in amputation of the penis. Further, by this mode of procedure the surgeon is able to examine the corpus spongiosum at the outset and assure himself that it is free from disease. The third point is that the urethra was brought out at the original wound, and was stitched to the skin, not left projecting from it. I need say nothing as to the steps of the operation except this: the splitting of the scrotum is as easy and as bloodless as the splitting of the tongue, now so popular; the detachment of the urethra from the penis proper, and that again from the pubic arch, requires to be done with deliberation and care; care should be taken to have the deep parts of the wound well drained through the back of the scrotum, but there is no occasion to bring a drainage-tube out at the front of the scrotum, it merely delays the union of that part of the wound. This operation is to be recommended in all those cases in which amputation of the organ close to the symphysis pubis has hitherto been practised.

JOHANNITER HOSPITAL, BEIRUT, SYRIA.

STRANGULATED FEMORAL HERNIA; HERNIOTOMY FORTY-EIGHT HOURS AFTER THE OCCURRENCE OF STRANGULATION; ABLATION OF THE ANTERIOR PORTION OF THE SAC; RECOVERY.

(Under the care of Dr. GEORGE E. POST.)

A WOMAN, aged sixty years, with long-standing reducible femoral hernia, which had become incarcerated on previous occasions, and had then been reduced by taxis. On the 13th of February, 1881, there occurred a riot in the quarter of the town where she lived, and under the influence of the strong excitement of the occasion the rupture became strangulated. She remained forty-eight hours, vomiting freely and passing nothing, except once after an injection which emptied the bowel below the seat of strangulation. She had herself tried the taxis without success. Examination: Dr. Post was called a little before noon of February 15th. He found the countenance of the patient anxious; she vomited every few minutes bile and mucus, but as yet no fæces. The pulse was 100. In the left groin there was a tumour half the size of a cocoanut. The taxis was tried moderately without an anæsthetic, but being unsuccessful, she was advised to submit to complete anæsthesia and a careful use of the taxis, and, should these means not succeed, to herniotomy.

At 3 P.M. she was put under chloroform, and the taxis thoroughly tried but without success. A T-incision was then made over the sac with the apex downward, the length of the horizontal incision being four inches, and of the vertical three inches. On reaching the sac an attempt was made to release the contents by dividing the stricture outside the sac. This was found impossible owing to adhesions of the contents to the sac. The sac was accordingly laid open, and a portion of omentum as large as a turkey's egg was found occupying the anterior aspect of the cavity. It was strangulated, of a dark chocolate colour, and united by plastic lymph to the neck of the sac and its anterior wall. Behind this was a knuckle of intestine as big as a large walnut, which could not be released except after dividing the falciform process and Gimbernat's ligament. The constriction of the gut looked as if it had been produced by tying it tight with a cord. The intestine was also slightly adherent to the neck of the sac. The bowel being released, and found free from gangrene, was returned to the abdomen.

The omentum was tied at the neck of the sac with silver wire to cut off its circulation, and after a time the wire was removed, and the mass cut off just external to the neck of the sac, and the stump left as a plug in the hernial aperture. The anterior wall of the sac was then dissected away, and the wound united with silver wire and intermediate silk sutures. The sponges used during the operation had all been wrung out of a carbolic solution. No other antiseptic precautions were used. After the stitching of the wound a sponge wrung out of carbolic solution was pressed over the skin inverted into the cavity left by the extirpation of the sac, and a pad of linen rags was placed over it, and all secured by a spica bandage. The pad was well wet with carbolic solution, and a little of the same dropped on the outside of the bandage from time to time. The pulse subsided to the normal standard as soon as the hernia was reduced, and on the recovery of the patient from the chloroform, the anxious expression of her countenance had passed away, and the vomiting and nausea did not return. The wound was not dressed for two days. The diet was restricted to milk. No means were taken to move the bowels. On the third day the silk sutures were removed, and the wound was found healed throughout. As no passage of the bowels had taken place, small successive doses of Hunyadi János water were given, with the result of producing copious movement. On the fourth day the silver sutures were removed. A little pus oozed from the site of one of them, and continued to do so until the twentieth day after the operation, when it finally ceased. After a month and a half the cicatrix was examined. There had been no further descent of the hernia, and the femoral opening appeared to be quite sealed by the omental plug. She was nevertheless advised to wear a truss for a time.

Note by Dr. POST.—I have been moved in part to report this case owing to the excellent results achieved without the cumbrous Listerian method. Had such a result occurred in an operation according to that method, it would have been quoted as proving its superiority.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Aneurismal Varix.—Epithelioma cured by Scraping and Cauterising.—Removal of Multiple Loose Bodies from the Knee.—Cerebro-Spinal Syphilis.—Disorder of Movement following Right Hemiplegia.

THE ordinary meeting of this Society was held on Friday, May 12th, Joseph Lister, F.R.S., in the chair. Before the meeting Dr. Stephen Mackenzie showed a case of pelious rheumatica in a woman; the eruption always came out towards evening, and its appearance was accompanied with rheumatic pains in the joints, especially the knees, which were also swollen.

Mr. T. SMITH read notes of a Case of Aneurismal Varix affecting the hand and fingers of a healthy girl, aged twenty-five. The patient was exhibited. She was admitted into St. Bartholomew's Hospital in February last on account of great loss of blood from an abrasion on one finger; this was easily controlled by pressure. The patient's mother states that she was born healthy, but at the age of a year and a half suffered from a severe burn of the left hand, from which she dates the disease. There had not been any other injury to the part. The hand is now much larger than the other, and the whole of its subcutaneous veins are dilated and tortuous; the arteries of the hand and forearm are much enlarged and pulsate very freely; their coats are thinned. A continuous purring venous thrill is to be felt on gently grasping the hand, and a well-marked arterial thrill is felt on firmer pressure over the whole of the affected member. Bruits corresponding to these thrills are to be heard on auscultation. It was suggested that the communication between the arteries and veins was in the capillaries, which were greatly enlarged and not in any abnormal situation. Mr. Smith did not think any operation was advisable, and asked if any curative treatment could be recommended.—Mr. HOLMES remembered that many years ago a patient was admitted, under Mr. Pollock's care, in whom the veins of the arm, both cutaneous and deep, were in a condition very similar to that of the patient shown to-night. A consultation was held, but no operation was performed. The man subsequently died from typhus fever, and on dissection no abnormal communication whatever between the arteries and veins was found. The history was that while striking a blow he felt something give way in the axilla, and after this the disease gradually came on. The arm was heavy and weak, but possessed all its movements. The preparation was in St. George's Hospital Museum, but showed nothing abnormal, except great dilatation of all the veins of the limb.—Mr. C. HEATH had twice seen in the leg an aneurismal varix without any history of accident. One patient was a lady, who had distinct pulsation in the veins of the leg. An attempt was made to cure it by compression of the femoral artery, but it had no effect. He did not think any treatment was to be suggested in Mr. Smith's case; injection would be very dangerous.—Professor LISTER possessed a sketch of a similar case he had seen in Mr. Syme's practice. The patient was an elderly woman; the radial and ulnar arteries were enlarged; the veins of the hand were very large, pulsating, and with a thrill; the ring finger was specially enlarged; evidently all the vessels were affected together. He had regarded it as a peculiar case of nævus. The hand was useful, and Mr. Syme did not recommend any operation.—Mr. SMITH thought his case differed from arterial nævus, which was an overgrowth of arteries in quantity. He had had only one other case of aneurismal varix, from a punctured wound of femoral artery and vein; it spontaneously got well—the natural tendency, he believed, of such cases.

Mr. HOLMES described a Case of Removal of an Epitheliomatous Ulcer by scraping, and showed the patient. The disease occurred in a lad, aged twenty, who, a year before he came under observation, received an injury to the back of the ankle; an ulcer formed, and before it healed he was again injured in the same place. On admission to hospital there was a very large ragged ulcer of the leg, almost isolating the tendo Achillis, and looking like an epithelioma. A small piece of its edge was removed and sections of it prepared for the microscope, and these sections showed the characteristic "globes" of epithelioma. The inguinal glands were much enlarged. There was no history of constitutional taint. On December 2nd, 1880, he scraped away the whole disease with a sharp spoon, and then carefully applied the actual cautery to the surface; it was difficult to do this thoroughly where the ulcer had spread deep on the side of the large tendon. The sore healed in four months, skin grafts being used at the latter part of the time. The inguinal glands subsided. The boy was discharged before the wound was quite healed, and he was readmitted to the hospital with a ragged unhealthy sore, suggesting recurrence of the growth. Microscopic examination of the tissue, however, showed it to be only engorged granulations, and gave appearances quite different from those of the edge of the original sore. The boy now showed only a healthy cicatrix. Mr. Holmes urged the use of the sharp spoon and cautery in cases of the less malignant form of epithelioma, where a more complete operation would cause serious deformity; he spoke favourably of the practice of scraping the ulcerated surface in cases of syphilitic and strumous ulceration previous to other treatment.—Mr. DENT said the appearance of the ulcer was strikingly suggestive of epithelioma. The microscopical sections corresponded with the flat epithelioma of Thiersch. It was to these cases that the treatment by scraping and the cautery was specially applicable. He had read a case of very long-standing ulceration of the leg in which Billroth removed it by scraping and the man recovered, and five years after there was no recurrence. Mr. Holmes's specimens showed no trace of an alveolar structure. Where such structure was met with scraping would do no good. In a case of rodent ulcer with epithelioma of the eyelid, the part was scraped and cauterised, and it healed completely. But in a case having the same appearances in which there was an alveolar stroma and pigment, secondary deposits were found in many internal organs.—Mr. THOS. SMITH said all surgeons must have been struck with the very varying malignancy of epithelioma. It must be very rare to meet with epithelioma in patients so young as this. The same treatment would not be so successful in all cases of epithelioma.—Dr. WILTSHIRE said that he had seen many cases of epithelioma of cervix uteri and vagina. Where the bleeding has been profuse, a single scraping removed this hæmorrhage altogether, and with it the pain; the extension of the growth to the

neighbouring structures prevented the entire removal of the disease by scraping.—Mr. PARKER had been struck with the fact that the ulceration had not eaten away the tendon—a circumstance to be taken in connexion with the patient's youth in determining the nature of the ulcer.—Professor LISTER had seen great relief from the sharp spoon in the practice of Simon of Heidelberg. It was in a woman with epithelioma of the rectum, who came repeatedly to have it removed by scraping; each time the operation afforded great relief. He thought the general experience was that, even when epithelioma was removed freely with the knife, there was great tendency to recurrence. This was equally true of rodent ulcer. With regard to this case, the question arose whether we could trust to the microscopical examination only. The lad's age and the subsidence of the glands were points against the cancerous nature of the ulcer. Evidently the glandular enlargement could not be taken as evidence of the ulceration being cancerous, for it subsided. Mr. Holmes thought at the time that the operation was not completely done, and yet a cure was obtained, a result not to be expected in true epithelioma. If epithelioma at all, it was due to the irritation of an unhealed sore, which is the least malignant form of cancer. He was, however, sceptical as to whether it were really epithelioma at all. He had seen sores very like epithelioma which had been quite cured by plans of treatment which would have been absolutely powerless against cancerous ulcer.—Mr. HOLMES had long thought that epitheliomatous cancers were some of them local and some of them constitutional. He was himself at first very sceptical as to this being epithelioma, but the descriptions of the present day were those of the appearances presented by sections of this ulcer.

Mr. HOLMES also read notes of a case of Removal of several loose Cartilages from the Knee-joint. The patient was a man aged twenty-seven, of very robust health, and a good athlete. Twelve years ago he was said to have "put out" his joint, and five years ago the joint suddenly became stiff and "locked," and often after that date the joint "locked." Eight movable foreign bodies were detected through the skin. A free incision was made into the knee-joint and seven of the loose bodies removed, the other one could not be found. There was no rise of temperature after this operation, no local swelling or pain, or any constitutional disturbance. The case was treated with strict antiseptic precautions. The man has now full use of his knee, except that he cannot quite extend it. Two loose bodies are still to be felt in the joint, but these give him little or no trouble. Mr. Holmes brought the case forward partly to correct the general idea that when loose bodies in a joint are multiple the joint itself is disorganised, and partly to show the innocuousness of the operation when thus conducted. The foreign bodies themselves were shown, and were seen to be completely ossified. There was no chronic rheumatoid arthritis.—Mr. HAWARD removed three cartilages from a quite healthy knee about two years ago. He made a free incision, using antiseptic precautions, and there was subsequently no disturbance. He thought less damage was done by making a clean cut into the joint than by a small incision, which required great manipulation to get the foreign body out; he had used small lithotomy forceps to extract the bodies.—Professor LISTER said this case was very interesting and rare. He had seen a similar one in Professor Thiersch's practice, in which several loose bodies, some of an immense size, were extracted; the joint was not disorganised. Apparently these bodies grew after they became free. Dr. G. Bell of Edinburgh had suggested that when these bodies could not easily be fixed, a needle should be passed through the skin, loose body, and into the cartilage.—Mr. HOLMES had seen this plan often adopted, and usually it led to the embarrassment of the operator, for it could only be done when the body was not very hard and not very movable. He had often seen great mischief done by trying to fix the foreign body with silver wire, which he thought was so dangerous that it ought to be entirely abandoned. Pirrie referred to a case in which twenty-five loose bodies were removed. But the general impression among surgeons had been that in these cases it was better not to operate, as the joint was seriously disorganised. But he thought this case justified operation even when the foreign bodies were numerous.

Dr. ALTHAUS read a paper on a Case of Cerebro-spinal Syphilis. The patient, a healthy young man, suffered eight years after an infecting sore from severe headaches, which continued for six months, and were followed by an attack of aphasia and right hemiplegia, after which they ceased. He recovered his power of speech, but the paralysis remained, and was followed six months later by paralysis of the left leg, and the bladder and bowels. There was rigidity in the paralysed limbs, and an enormous increase of tendon reflex, so that the slightest irritation—as a sudden noise, opening the door, &c.—caused the legs to shake fearfully, exhibiting the condition of spinal epilepsy. The centre of these movements was in the patellar tendon, but percussion of any point of the tibia and the rectus femoris led to similar although less violent phenomena; ankle-clonus was likewise marked, and the faradaic and galvanic excitability of the nerves and muscles appeared to be increased. In the right arm powerful tendon reflex could be elicited by gently striking the metacarpal bones, the capitulum ulnæ and the styloid process of the radius, and the olecranon ulnæ and the humerus. The abdominal and cremasteric reflexes were also increased; the muscles of the body were paretic; the urine, which had to be drawn off by catheter, was healthy, except that there was occasionally an excess of lithates. The sexual power and desire were in abeyance. Dr. Althaus considered the exceedingly violent headache from which the patient suffered was not owing to a gummatous deposit, to which it is generally ascribed, but to syphilitic endo-arteritis, which was going on all the time the headache lasted, and which ultimately lead to thrombosis of the left middle cerebral artery and softening of the brain-tissue. When the artery was completely blocked the headache ceased, never to return. With regard to localisation, he argued that it was not the main branch of the Sylvian artery which had become blocked, but its cortical system, and more particularly the anterior and posterior parietal arteries, and that the affection was therefore not one of the corpus striatum, but of the convolutions bordering the fissure of Rolando. The chief reason assigned for this view was that the aphasia had been quite temporary, and that in plugging of the main branch of the middle cerebral artery loss of language was generally permanent. Dr. Althaus thought the paralysis of the left leg, and of the bladder and bowels, which came on six months after the first attack, was not owing to fresh arterial thrombosis in the right cerebral hemisphere, but to secondary sclerosis of the pyramidal strand, spreading from the right side through the anterior commissure to the left side of the lumbar enlargement of the cord, where it involved not only the pyramidal strand, but also the paths for the conduction of motor impulses to the bowels, bladder, and sexual organs.

Dr. WILLIAM M. ORD gave an account of a case of a Peculiar Disorder of Movement following right Hemiplegia, and showed the patient. M. A. G——, aged fifty-three, a general servant, was admitted into St. Thomas's Hospital on May 15th, 1881. The previous evening she had suddenly lost power over the right arm and leg, without loss of consciousness. She then presented complete motor paralysis of the right arm and leg, with impairment of sensation, more marked in the leg than in the arm. There was no facial paralysis, but the right pupil was larger than the left, and sensation was impaired on the right side of the face. There was no defect of mind or of speech. For a few days she became worse, apathetic, with difficult articulation and loss of memory of words. Some paralysis of the right facial muscles and loss of control over the bladder came on; no pyrexia. The urine contained no albumen; but the retina showed signs of albuminuric inflammation. After a few days she began to mend, the intellect cleared, and voluntary motor power and sensation returned, in the leg first and then in the arm. Sept. 30th discharged, then showing little weakness on the right side. Readmitted on Feb. 17th, 1882. She then stated that when she left the hospital two fingers of her right hand used to twitch involuntarily. From that time involuntary movements of the arm and hand, with stiffness of the leg, steadily increased. Her general health was good. Some imperfection of the movement of the right half of the mouth, but no other facial paralysis. Tongue deviated to the left; left pupil smaller than the right. The right upper limb was in constant movement. At present, when sitting with the right hand resting on her knees, the fingers are all extended, and are all alternately moved together and separated as in the act of playing on the pianoforte; the palm of the hand is pressed with a rocking movement against the lap, the wrist rotating in about one-fifth of a circle; the shoulder is rhythmically raised and depressed. These movements are perfectly regular and occur about 140 times a minute. They increase greatly on attempts at voluntary movement.

If asked to seize a book, she brings her hand to it with a double series of pendulum movements, small in the hand and wrist, large in the whole limb, which sways several inches alternately on each side of the intended line of movement. Ultimately she seizes the book, while the arm continues its vibrations. When the whole arm is abducted the vibrations increase in extent and force, moving the limb as though it were a pump-handle vigorously worked, striking and swaying her whole body. The movements cease during sleep, and are at times almost lost when she is sitting or lying very quiet, with the hand and arm completely supported. Sometimes, on waking, she finds the arm stiff for a time. No loss or disorder of sensation. The arm reflex can be elicited, but not ankle-clonus; mind and speech clear; right leg rigid, no rhythmic movements in it. The superficial reflexes are normal, except that the plantar is increased on the right side; eyes normal. The original hemiplegia was probably hæmorrhagic, there being no valvular disease, and the signs of albuminuric retinitis having been present soon after the attack. The movements are not those of athetosis or chorea, but resemble those of paralysis agitans, and more closely those in sclerosis in the lateral columns, and in disseminated sclerosis. The exaggeration of reflexes along with this fact support the view that the disorder of movement probably depends upon a descending lesion.

EPIDEMIOLOGICAL SOCIETY.

AT the meeting of the Society, held at University College on May 3rd, Dr. G. Buchanan, President, in the chair,

A paper, by Dr. PROSPERO SONSINO of Cairo, on "Filaria Sanguinis Hominis, Lymphocele, Lymphuria, and other associated Morbid Disorders," was read. After stating his reasons for believing in the identity of the parasitic hæmatozoon described by him in 1874 with that found by Manson, Lewis, and others in India and China, the author gave an analysis of ten cases met with by him in his practice in Egypt. The milky fluid obtained by tapping the lymphoceles, or milky hydroceles, coagulated spontaneously, and in it, as well as in the blood of the patients, filariæ were found. In two instances the patients suffered from hæmaturia, and their urine contained the ova and embryos of bilharzia as well as the filariæ. In five out of the ten cases of filarial disease, lymphuria was present. The attacks came on suddenly while the patient was in full health, and began with severe lumbar pain and frequently ischuria, followed by the passage of milky urine occasionally mixed with blood. The urine contained usually fibrinous casts, due to the coagulation of the lymph in the bladder; and it was only when these began to break down that micturition could be performed. The urine was acid sometimes, occasionally alkaline, but more often neutral, of specific gravity varying from 1010 to 1020, and contained filariæ, fatty molecules, and a large quantity of albumen, with some fibrin. In one case only, which in every other respect was identical with the others, no filariæ could be found either in the blood or in the urine, a fact which might possibly be due, as Manson supposes, to the patient harbouring mature filariæ of one sex only. The theory of the obstruction of the lymphatic channels by the mature worm, with consequent lymphangitis and adenitis, lymphatic dilatations and rupture with extravasation or lymphorrhagia, seems the most likely to explain the various phenomena associated with the worms. The filarious lymphuria, or hæmato-lymphuria, differs from the hæmaturia due to bilharzia in being intermittent, with long, intervening periods of apparently complete recovery, while bilharzia disease lasts for years, and, when of long standing, the urine assumes the characters due to cystitis, and is often associated with gravel or symptoms of stone in other parts of the urinary tract. The association of the two worm diseases in the same patient is merely accidental, though bilharzia disease is far more common, in Egypt at least, than filariasis. Another very common worm disease in Egypt is that produced by ankylostoma duodenale, which when present in large numbers gives rise to the malady first described by Griesinger as Egyptian chlorosis, and known in Brazil as intertropical hypohæmia. Its ova and embryos may be found in the fæces, but the adult worm can be dislodged from the jejunum and duodenum only by very powerful purgatives. Of other entozoa, the author found Tæniæ, especially T. inermis, very common; Ascaris lumbricoides, as well as oxyuris were very often present, and hydatids were not very rare. Tænia nana, Distoma heterophyes, Trichocephalus dispar, and Pentastomum constrictum, were not found by Dr. Sonsino, and he discovered guinea-worms (Filaria medinensis) only in those who at some previous time had been out of Egypt. From observations recently made, he was able to confirm the observations of Manson and Myers as to the greater nocturnal frequency of the filaria sanguinis in the blood of affected persons, and he also found them in the stomach of mosquitos. He had not been able to notice any of the developmental changes described by Manson and Lewis, and hence concludes that the mosquito plays with filariæ a *rôle* similar to that of some birds with respect to vegetable seeds.

In the discussion which followed, the President, Dr. G. Buchanan, Sir Joseph Fayrer, Dr. Spencer Cobbold, Dr. Stephen Mackenzie, Dr. Thin, and Mr. Shirley Murphy took part, and a vote of thanks having been unanimously accorded to Dr. Sonsino, the Society adjourned.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

Fibroma of Cornea.—Disease of Optic Nerve.—Tortuous Retinal Vessels.—Sympathetic Ophthalmia.—Osteoma of Conjunctiva.—Detachment of Vitreous Humour.—Primary Tubercle of Iris.—Tubercular Retinitis.—Improved Ophthalmoscope.

THE ordinary meeting of the above Society was held on Thursday, May 11th, W. Bowman, F.R.S. in the chair. It was announced that an extra meeting of the Society would be held on June 8th for a special discussion on "Sclerotomy," and that if necessary the discussion would be continued the next evening.

Dr. BRAILEY presented a report on the structure of the growth at the Corneal Margin, exhibited *in situ* by Mr. Mason at a former meeting. He had examined the growth microscopically and found that it was chiefly composed of fibrous tissue, through which numerous oval or angular nuclei were distributed; it appeared to have been covered by a layer of epithelial cells derived from the conjunctival epithelium. He considered it to be a fibroma which had grown on the most superficial layers of the cornea; from the microscopical characters recurrence was not anticipated, and none had up to the present time occurred.

Dr. BRAILEY read notes of a case of Disease of the Optic Nerve associated with Retinal Detachment. The patient was a man aged fifty, who presented a retinal detachment at and just below the macula. The refraction was highly myopic, and the vitreous contained numerous floating opacities; the optic disc was cupped centrally, and had a myopic crescent at its outer side; vision only amounted to counting fingers, and was entirely absent from the upper part of the field. The detachment was attributed to a new growth, and the eye was excised; it was then found that the detachment was due to a colourless liquid in the subretinal space. The optic nerve was much thickened, owing to a new formation of fibrous tissue within it; the fibrous growth contained large cavities, not unlike those which in myxomatous tumours of the optic nerve contain mucous tissue; in this case they did not appear to contain this mucous material. The diagnosis of sarcoma was based on the position of the detachment and the age of the patient. The eye had been affected with glaucoma.—Mr. BOWMAN asked if the detachment of the retina was seen before enucleation, and what was the ground for diagnosing a choroidal tumour.—Dr. BRAILEY replied that the detachment was seen. It was the special position of the retinal detachment which led to the diagnosis of the tumour.

Mr. BENSON (Dublin) showed drawings of a case of Extreme Tortuosity of the Arteries and Veins of the Retina. The patient was a young woman, aged seventeen. The veins and arteries were very large and tortuous in both eyes; there was no evidence of past neuritis, nor excessive tortuosity of the temporal or radial arteries; there was some hypermetropia and convergent strasbismus. A successful squint operation was not followed by any alteration in the retinal vessels.—Dr. STEPHEN MACKENZIE said the condition was analogous to varicosity of external veins, which was to be regarded as a peculiarity rather than a disease.

Mr. NETTLESHIP showed a drawing of the Fundus of the Eye, of a girl, aged seventeen, in whom the veins were very tortuous; there was also hypermetropia. He knew of another case in a gentleman in whom the veins only were very tortuous, but there was no anomaly of refraction. In neither of these cases was there any dilatation or tortuosity of vessels on the surface of the globe.

Mr. SIMEON SNELL related a case of Sympathetic Iritis occurring thirty-two days after enucleation of the eye for accident. The case was that of a man, aged twenty-six, injured whilst working on Sept. 26th, 1881, by a piece of steel. The wound implicated the cornea and lens. He was seen soon after the accident, and a careful examination appeared to negative the presence of a foreign body in the eye. He was ordered atropine drops and cold pad. Next day there was some pain, and on the 28th the lens was evacuated through the upper corneal incision. This gave relief, and the subsequent history was briefly as follows:—Injured eyeball, painful at times, but inflammatory signs subsided and the eye commenced to shrink. Sound eye suffered only from sympathetic irritation. Enucleation of damaged organ always rejected until Dec. 9th, on which day it was excised. A piece of steel was then found in the lower ciliary region. Little change apparent in remaining eyeball; complained of "mist" in front of eye at the end of a week or so; no evidence of neuro-retinitis, and a weak solution of atropine, three weeks or more after enucleation, produced wide dilatation of pupil.—Jan. 9th, 1882: One drop of one per cent. solution of eserine inserted. Pain and discomfort on the following day. When seen on Jan. 10th severe iritis. This subsided under the use of atropine and rapid mercurialisation. Satisfactory recovery. Reads J. 1. The eserine was used in consequence of an observation, at a recent meeting of this Society, on its value in sympathetic irritation. Did it excite the outburst of iritis in this case? The iritis occurred thirty-two days after enucleation, or 106 after the primary injury.

Mr. W. ADAMS FROST also related a case of Sympathetic Inflammation appearing after Enucleation of the Injured Eye. The patient was a girl, aged nine, who received a wound of the cornea, extending into the sclerotic. The globe was enucleated on the thirty-fourth day. There were then, and also a week later, no symptoms in the uninjured eye. But on the fifty-sixth day after the accident there was dimness of vision, and a week later keratitis punctata. The case was then treated with mercury and atropine, and the eye recovered with perfect vision.—Mr. SHADFORD WALKER (Liverpool) asked if there was any evidence that mercury did good in sympathetic ophthalmia, as both these cases had been treated with it. In syphilitic disease it did good, but he had not seen any good effects from its use in non-syphilitic inflammation.—Dr. C. E. FITZGERALD said this subject was one of the most serious they could discuss. At the International Ophthalmic Congress held in London some years ago, Dr. Warlomont proposed that all the members should pledge themselves to abide by certain specified rules as to enucleation of injured eyes, but Professor Donders objected, and it was not done. He was, however, doubtful whether such a practice was not right. He had recently had this impressed upon him by several cases. In one of an incised wound in cornea and sclerotic, in which he tried to save the eye, but after some weeks pain recurred in the injured eye, and he performed enucleation. He had lately had a very severe case of sympathetic ophthalmia occurring after forty years. He enucleated the injured eye, but he was afraid it was too late. He wished to know whether there was any rule to guide him as to cases of injury in which he should enucleate and in which he should not. Micrococci spreading into the optic nerve were found in two of the eyes he had enucleated for sympathetic ophthalmia.—Mr. CRITCHETT had heard this subject discussed at the Congress at Brussels. He remembered a case in which an eye was comparatively slightly injured, but sympathetic ophthalmia was set up in the other eye; this globe was then removed, and the one originally injured became quiet and was a useful eye. Such facts formed one difficulty in this question. It was certainly rare for sympathetic ophthalmia to occur after simple wounds of the cornea; but in all the cases he had seen the wound had extended into the ciliary region; and he thought where this part was seriously injured it would be wise to enucleate at once. But unfortunately the patients and parents often will not consent so long as the vision remains good. In a case of small wound in the ciliary region in a young gentleman in whom vision was good, the operation was entirely refused. But some time afterwards sympathetic ophthalmia was set up in the other eye. He had not had any experience of sympathetic ophthalmia coming on after removal of the injured eye; but it seemed that in these cases the inflammation was less protracted. All his experience would be against the value of mercury in inflammation arising from injury. He had not traced any good results to it in other than syphilitic cases.—Dr. BRAILEY was strongly of opinion that the disease travelled by the optic nerve, and probably by the spaces between the nerve fibres. It travelled slowly. He thought there was pathological change in the iris before any clinical signs appeared. He had certainly seen many cases of sympathetic ophthalmia in which the characteristic appearance of dots on the cornea were delayed behind the signs of inflammation of the iris. If the injured eye be excised at once there would be no risk of sympathetic ophthalmia except from the irritation of the operation. On the other hand, there was the chance of no sympathetic ophthalmia occurring, or of its being of a very mild type, and there was the loss of an eye which might be very useful.—Mr. BOWMAN thought the circumstances of the patient, whether the eye could be kept quite quiet for a sufficient time, was one of the points to be considered. Among the poor, occasions would constantly arise where it is best to remove the injured eye, where, under more favourable circumstances, there would be strong hope of enucleation not being required. He had seen many cases in private practice in which the eye had been saved, where the injury was such that he should have enucleated the globe in hospital patients. It was very desirable always after enucleation to continue the patient under strict regimen as to the use of the eye for one or two months, until there was certainty that the eye could safely bear the light.—Mr. ADAMS FROST believed that mercury did good in cases of non-syphilitic iritis.

Mr. ANDERSON CRITCHETT related a case of Bony Tumour of the Conjunctiva. The patient from whom the growth was removed was a young girl aged eighteen. In the left eye, midway between the corneo-sclerotic margin and the external canthus, was a growth about the size of a pea; it was slightly movable, and had been noticed three days after birth; it had enlarged rather rapidly during the five years before she came to St. Mary's Hospital. The tumour was removed; it was embedded in and adherent to the subconjunctival tissue, but had no attachment to the sclerotic. Microscopical examination showed large lacunæ, with canaliculi, situate in a homogeneous matrix. Microscopical specimens of the tumour were exhibited.—Mr. SPENCER WATSON had had a somewhat similar case some years ago, and had recorded it in the Pathological Society's Transactions. The patient was a boy aged thirteen, with a small tumour about the size of a pea at the upper and inner part of the globe, looking like fat. It proved to be a bony growth attached to the sclerotic; it was hard bone, and had a few Haversian canals; it was firmly attached to the sclerotic by a broad base; there were no appearances in the fundus indicating that the tumour extended inwards.—Mr. SHADFORD WALKER (Liverpool) had a similar case two years ago of a bony tumour, half an inch long, attached to the conjunctiva of a girl aged thirteen. It was not attached to, although it had indented, the sclerotic; it was only loosely attached to the conjunctiva.—Mr. ANDERSON CRITCHETT said the sight of his patient was quite normal.

Mr. SWANZY (Dublin) read notes of a case of Detachment of the Vitreous Humour. He stated that the patient was a farmer, whose general health was good, when in October, 1881, the sight of the left eye rapidly failed, and in a week was entirely lost. About a week later the left eye began to fail. On Jan. 10th, 1882, vision in the left eye was reduced to perception of light. Immediately behind the lens, and in contact with it, was an opacity of a greyish colour, which somewhat resembled a detached retina, and was movable only at one small part. Vision in the other eye was good, but the ophthalmoscope showed some small retinal hæmorrhages. It was thought advisable to remove the left eye, and the opacity was then found to be due to a total detachment of the vitreous humour, which lay in contact with the ciliary body and the surface of the lens. The vitreous chamber was filled with a clear fluid. The vitreous membrane contained some blood corpuscles and pigment. Mr. Swanzy discussed various hypotheses which might help to account for this condition, but was unable to give any satisfactory

explanation.—Mr. SWANZY also related a case of Primary Tubercle of the Iris in a girl aged two years, who presented a small white tumour on the surface of the iris. There were also two other minute tumours on the iris. The diagnosis of tubercle was made and the eye was removed. Microscopical examination showed a round-celled growth, with giant cells, thus confirming the diagnosis. Five months after the child was still in good health. The history showed that various members of the family had suffered from tubercular diseases. Mr. Swanzy referred to a case published by Deutschman where a child remained in good health six years after the enucleation of an eye in a far more advanced stage of the disease.

Mr. MULES (Manchester) read notes of a case of Tubercle of the Retina, and showed drawings and a micro-photograph from a case of Tubercle of the Iris, Retina, and Choroid. The eye was removed, and on section the anterior chamber was found to be filled by a mass of tubercle which implicated the base of the ciliary processes. The retina contained two nodules; at these points the structure of the retina was almost entirely replaced by the new growth.—Mr. BOWMAN remarked that some present had probably seen Dr. Koch's specimens of the bacilli of tubercle, which had been exhibited in London during the last few days. No subject showed more markedly than tubercle the recent advance in knowledge.

Mr. HENRY JULER exhibited an Improved Ophthalmoscope for Refraction. The instrument consists of—(1) A small concave mirror of eight centimetres focal length, attached by means of a ball-and-socket joint. The mirror can be placed at any angle. (2) A circular disc, which is rotated by a simple arrangement of milled wheels. The disc contains concave and convex spherical lenses from one to ten dioptrics. (3) Behind this disc is a sector of a similar one, containing additional lenses for occasional use in combination with the others. (4) When used for the indirect method of examination the small mirror is replaced by one of longer focal length. The instrument is supplied by Mr. Pillischer, of New Bond-street.

The following cases were shown before the meeting:—Symblepharon successfully treated, by Mr. Mackinlay; a case of Exophthalmos getting better, by Dr. Sansom; drawings of two cases of Rupture of Choroid, by Mr. A. H. Benson; case of Nuclear Cataract treated by marginal iridectomies, by Mr. Anderson Critchett; case of Nuclear Cataract treated by different operations, by Mr. Anderson Critchett; a case of Commencing Black Cataract in the right eye, and the Black Cataractous Lens that had been removed from the left eye, by Mr. McHardy; case of Successful Transplantation of the Skin of the Arm to the Eyelid, by Mr. McHardy.

MEDICAL OFFICERS OF HEALTH SOCIETY.

A MEETING of this Society was held on Friday, April 21st, Dr. J. W. Tripe, President, in the chair.

The Society adopted the following report of the Council on the Bill for the Compulsory Notification of Infectious Diseases: That the Act should apply to the metropolis; that the duty of notifying should rest on the householder, but that the medical attendant should be made to give information to him of the nature of the disease; and that erysipelas should not be included among the list of diseases to be notified.

Mr. FOSBROKE, President of the Birmingham and Midland Association of Medical Officers of Health, proposed the following resolutions, which had been previously adopted by his Association: First, that the sanitary supervision of dairies and milkshops, &c., and the carrying out of legislative enactments for the prevention of the spread of human infectious disease by milk, should be in the hands of the sanitary officers of the locality in which the dairy or milkshop is situated. Secondly, that the Society approves the action of the Educational Department in investing the sanitary authorities with the power of closing schools, in order to prevent the spread of infectious disease." These resolutions were unanimously adopted.

A paper was then read by Dr. E. F. WILLOUGHBY, entitled "Suggestions for the Reorganisation of the Sanitary Service." The author began by pointing out the shortcomings of the Public Health Act of 1872 and 1875, which had failed to provide the country with a class of trained health officers or men devoting their whole time and attention to sanitary questions, even the few rural combinations, from which much might have been expected, having been dissolved when the medical officer of health chanced to give umbrage to influential offenders. He insisted on the necessity of such officers being not only free from private practice, but independent of the local authorities, arguing that their duties were those of inspectors, and that they should not be in law, what they were not in fact, servants of the local boards, like surveyors, parish surgeons, &c. They ought to be appointed by the central authorities just as much as Her Majesty's inspectors of mines, shipping, &c. The medical officer of health ought also to give evidence of a knowledge of physics, chemistry, engineering, and sanitary science generally: subjects which form no part of the education or examinations of the ordinary medical student—in other words, he should possess a certificate in sanitary science as well as diplomas in medicine and surgery. Such certificate should, Dr. WILLOUGHBY thought, require also an examination in forensic medicine and the law of evidence, in fact to cover the whole field of State medicine. Poor-Law medical relief he maintained to be a department of the public health, and as such should be separated from pecuniary relief, and transferred from the guardians to the local sanitary authority, the medical officers of health and parish surgeons would be drawn closer together, and the former would gain much valuable information—e.g., of diseases other than infectious prevailing in any quarter of his field of work. He could not advocate the creation of a Minister of Health who would, in this country at least, not be a medical man. The director of this department should be a permanent official, independent of changes of political parties. His scheme would be the division of the duties and functions of the present Local Government Board between two co-ordinate departments—a Poor-Law Board and a Board of Health, the latter taking cognisance of all matters in any way affecting the public health, including medical relief and some things at present referred to other departments, and the former retaining those relating to finance, poor relief, &c., not of a sanitary nature. Each to be under a permanent vice-president, responsible only to the President of the Local Government Board. The vice-president of the Board of Health should always be a physician, and the Board should consist of three medical men, two engineers, and a chemist. The present senior inspectors of the Local Government Board would constitute the first board, future vacancies being filled by selection from inspectors and medical officers of health. The whole country should be divided into urban and rural sanitary districts, the former comprising only towns of 80,000 or 100,000 inhabitants, the latter large rural areas, each with a considerable central town, and as far as possible, even by readjustments corresponding to other divisions, registration districts, at any rate, never being divided. He did not think that the medical officers of health of parishes would lose anything by being superseded; such as should choose to qualify themselves for sanitary work would be promoted, and the position of those who devote their whole time to these duties at present would be improved. The local boards, though deprived of the right of appointing the medical officers of health, ought to have some acquaintance with the work. He proposed that in each sanitary district there should be a local board of health, composed of members partly elective and partly nominated by the central board. Registration of births and deaths originally bore only on the descent of property, but since the importance of vital statistics has begun to be recognised, the present system is bound to be very imperfect. Large numbers of the causes of death are untrustworthy, being either "uncertified" and furnished by the friends or suggested by the registrar (!), while even those certified by medical men are, for many reasons, often unsatisfactory. The correction (?) of the returns by non-medical superintendant registrars is more than useless, and though the medical officer of health is often able to revise the duplicates furnished to him for the use of the sanitary authority, his corrections do not reach the office of the Registrar-General. The appointment of medical men as superintendent registrars has been proposed, but the same end would be as well or better attained if the superintendent registrar sat in the same building as the medical officer of health, and all district registrar returns were first submitted for examination to the latter. Information of death should be given sooner than is now required, and the medical officer of health should institute an inquiry on the spot in all cases of uncertified or unsatis-

factory deaths, giving a corrected certificate if satisfied, or report the case to the coroner if he had any suspicion of foul play. There would then be more inquiries but fewer inquests, and many cases of unnatural deaths would be brought to light which are at present concealed by the practice of accepting uncertified causes. The nosological tables would be greatly enhanced in value. The whole method of taking medical and scientific evidence in courts of law is radically wrong. The equality in the eye of the law of all medical men is a mischievous fiction, but the fundamental error lies in the custom of retaining scientific and medical men as witnesses for the prosecution and defence, thus inevitably converting the expert into an advocate. The function of the expert should be to assist the court by stating, without reserve and regardless of either party, scientific facts which the judge and jury could not otherwise know, in language scientifically accurate but intelligible to unscientific persons, avoiding excess of confidence or of caution, and in accordance with the conditions imposed by the law of evidence. To do this with credit to the cause of science requires a special training, and there is an imperative need for a class of trained and skilled medical experts. Though questions of insanity and the remote consequences of railway accidents, &c., would still demand the services of specialists, experts in forsenic medicine, and cognate scientific subjects, would be ready at hand in the persons of medical officers of health such as had been described, reared in every branch of state medicine and familiar with the methods of scientific investigation. If the appointment of medical officers of health were taken from the local authorities, who have in so many instances shown themselves unfit, they could not be called on to provide their salaries; but this change would afford a ministry an opportunity of lightening local burdens at present vehemently demanded. The case of the metropolis, which is not under the Local Government Act, need not present any real difficulty, since, if the medical officers of health were paid by the State, it could be divided into equal districts, each under its medical officer of health, and including one, two, or more parishes, just as it is now apportioned among Her Majesty's Inspectors of Schools &c., the medical officers of health being here, as elsewhere, appointed by the Central Board of Health.

Reviews and Notices of Books.

The Diagnosis and Treatment of the Diseases of the Eye. By HENRY W. WILLIAMS, A.M., M.D., Professor of Ophthalmology in Harvard University. London: Trübner and Co. 1882.

THIS work is in reality an expansion of a smaller treatise on Diseases of the Eye, published by Dr. Williams some years ago, and contains the fruits of his maturer observation and knowledge. Its contents are strictly limited to the scope indicated by the title, and the reader must not look for any pathology, and references to the work of others are few and far between. The usual topographical arrangement is adopted, the various diseases being described under those of the conjunctiva, cornea, iris, &c., and the employment of technical terms is, except where indispensable for clearness, wisely discarded. In the treatment of inflammation of the sclerotic, the author highly approves of De Wecker's plan of injecting a few drops of a 2 per cent. solution of pilocarpine nitrate, which he considers has been proved to exert a wonderful influence in this affection. The pilocarpine has been effective in our hands also, but we should hardly apply the term most intractable, employed by Dr. Williams, to this affection, believing that it may be relieved by other means, as by iodide of potassium, by aconite, colchicum, and quinine, and by the mist. guaiaci co. of the British Pharmacopœia.

Dr. Williams suggests a method of readjustment of the muscle when divergent strabismus has followed the operation for division of the internal rectus, which differs in several particulars from that usually adopted in this country. The incision through the conjunctiva is made at a greater distance from the margin of the cornea, "nearly over the place of former insertion of the tendon." The external rectus is now directed to be divided, after which attention is to be turned again to the internal rectus. "A suture thread with a needle at each extremity is now to be passed vertically through the whole breadth of the recovered muscle, and the needles are then carried through the edge of the conjunctival wound, close to the corneal margin, so as to include a considerable extent of conjunctiva; one end of the thread corresponding to the lower, the other to the upper edge of the muscle, which is now to be drawn forward and secured in position by tying together the ends of the suture. A fine stitch may also be used, if desirable, to close the conjunctival wound." This method is certainly feasible, and is well worthy of trial. Dr. Williams dismisses, we think rather too curtly, the employment of local remedial measures in the treatment of glaucoma. The only observation he makes is that "recently Laqueur and others have advised the use of myotics as a preventive treatment in threatened or incipient glaucoma, as well as for the purpose of preventing relapses; but this affection is so variable and uncertain in its phases that it is difficult to form a judgment except after long trial as to the worth of such remedies. At present their value seems doubtful." Dr. Williams relies almost exclusively upon iridectomy, but there are many practitioners in the country who have not the instruments required for the performance of iridectomy, or who if they possess them and have them in good order might shrink from the responsibility of operating, not to mention the reluctance of the patient to submit to an operation at the hands of one who is known to have only rare opportunities of operating. To these there can be no doubt that the use of eserine is to be strongly recommended. It undoubtedly relieves all the symptoms temporarily, and though an operation may ultimately be required it yet gives time to the patient to place himself under the treatment of an ophthalmic surgeon upon whom he can rely.

We miss any special description of a condition that is common in this country at least, and which is sometimes termed kerato-iritis, and the symptoms of which are sufficiently well marked. We think Dr. Williams goes too far in the following observation, made under the section of Syphilitic Iritis: "Depletion is generally contra-indicated; counter-irritation is in this, as in other ocular affections, according to Stellwag v. Carion, 'a relic of barbarism.'" We venture to say that leeches, blisters, and setons are, under certain circumstances, and when appropriately employed, amongst the most serviceable of the whole range of remedies at the command of the ophthalmic surgeon.

The printing and general get up of Dr. Williams' book are very good, with the remarkable exception of the test-type letters, which might have been expected to receive special attention; but in our copy No. 1 is almost illegible. We cannot either praise the chromo-lithographs, which are limited to eight, in two plates representing the normal fundus, posterior staphyloma, white atrophy, optic neuritis, detachment of the retina, choroiditis, glaucoma, and retinitis albuminuria. The Germans and French are still far ahead of any English or American draughtsmen in the department of lithography.

The work will be found useful by the student or the country practitioner who wishes to have a book of ready reference on which he may rely for the diagnosis and treatment of such affections of the eye as may fall under his notice.

The Science and Art of Midwifery. By W. T. LUSK A.M., M.D. London: H. K. Lewis. 1882.

ALTHOUGH Dr. Lusk has hitherto been less known in this country as an author on subjects in midwifery and gynæcology than many of his countrymen, yet we think that in future he will rank among the best and foremost systematic writers on midwifery. We venture on this

statement, not because we entirely agree in all the views of theory and practice laid down in the work before us, but because it contains one of the best expositions of the obstetric science and practice of the day with which we are acquainted. The author has drawn largely upon German literature, and has given valuable and elaborate references. The general tone of the work is moderate and conservative, unnecessary interference is not inculcated, and there is no sign of an infatuated devotion to expectancy in treatment; the rules of treatment are good, and the conditions calling for interference clearly given.

The first three chapters are devoted to the anatomy and physiology of the pelvis and ovum. The account of the pelvis and fœtus is good and sufficiently full, but the description of the placenta is somewhat meagre. The structure of this organ is of so complex a character that it is not readily comprehended by the student. A brief account of the comparative anatomy of it would contribute materially to simplify its study. Some authors have given a morphological account of the organ as it is met with in different animals. This is useless in a work on midwifery; but a brief statement of the structure of the different varieties, from the diffuse form through the zonular, the cotyledonous, to the human placenta, would help to convey a clearer idea of its anatomy, as well as furnish the best evidence of the view of its structure now generally received. Quickening is described as "the term used to designate the earliest movements of the fœtus perceived by the mother," and no reference is made to the different opinions held with regard to this phenomenon. Moreover, the statement is not accurate. It is only true that the term is used to designate certain sensations felt by the mother. The cause is still a matter of some doubt, at least in many cases. Besides, not only sterile women, but those who are mothers, and are consequently supposed to be acquainted with the sensation of quickening, affirm that they have experienced it, although not pregnant. Ballottement, again, is said "to be a positive proof of pregnancy." Now, we have seen one case at least in which ballottement was present without pregnancy; in this case there was a freely movable mass within an ovarian cyst.

The physiology and mechanism of labour are extremely well discussed and very suggestive. The subject is one of great difficulty, and open in many points to differences of view. We think that the author has in some places adopted a theory on insufficient evidence, as in the following: "While not denying the possibility of the transmission of a certain amount of propulsive energy from the uterine walls, through the trunk of the child to the head, it is necessarily of feeble force, as the flexion of the spine, and the smoothness of the breech, prevent the latter from finding a suitable *point d'appui* against the vaulted fundus. The head is, however, subjected to the driving force of the fluid medium with which the fœtus is surrounded. As the pressure is proportioned to the height of the fluid, in the case of partial flexion, the force directed against the depressed occiput is greater than that expended on the frontal extremity." The facts seem to us to militate against Lah's view, adopted by Lusk. In the first place we do not think the uterine force (for that is the driving force) is greater in proportion to the height of the column of fluid; secondly, if it were, the greater length of the frontal arm of the lever would compensate for the slight difference in height between the column pressing on the occiput and that on the face; and, thirdly, the force acts through the body of the child, because that is supported on all sides by the amniotic fluid.

The chapters on Obstetric Surgery are especially good. In these operations the author adopts the dorsal position. In forceps operations, when the head is in the pelvis, he prefers Simpson's instrument. He applies them to the lateral aspects of the head, and not to the sides of the pelvis as generally recommended. In the high operation, he recommends a modification of Tarnier's forceps. He advises the application of forceps to the breech when it rests on the floor of the pelvis, despite the objections which have been raised against it. In practice, however, we have found the instrument slip when thus applied, and we think there are other and less objectionable means of effecting delivery under the circumstances mentioned. Dr. Lusk makes no reference to cases of breech presentation in which the legs are extended and the breech does not enter the pelvis, and to the great difficulty or impossibility of delivery in some cases of the kind, without, as Barnes says, decomposing the wedge by bringing down a leg.

The chapters on Distorted Pelvis and Labour in Contracted Pelvis are excellent. Those on Puerperal Fever are, we think, the best and fullest in the language; they contain the results of the most recent inquiries into the subject, and the pathological anatomy, nature, clinical symptoms, causes, prevention, and treatment of the disease are discussed in a thoroughly scientific manner.

Throughout the work the author shows an intimate acquaintance with the literature of obstetrics, and gives evidence of large practical experience, great discrimination, and sound judgment. We heartily recommend the book as a full and clear exposition of obstetric science and safe guide to student and practitioner. The work is well illustrated.

THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE first of the third course of Faculty Lectures was delivered on May 4th, by the lecturer for the year, Dr. D. C. M'Vail, of the Western Medical School. The subject of the present course is the "Mechanism of Respiration in Physiological and Pathological Conditions."

After a few words of introduction by Dr. Scott Orr, the President of Faculty, Dr. M'Vail proceeded to give in the first place a historical account of the development of the sciences of anatomy and physiology, in so far as these had relation to the respiratory function. He described the views held in succession by Aristotle, Erasistratus, Galen, Vesalius, Fallopius, Willis, Borelli, Mayo, and others, down to the time when Hamberger published his celebrated essay on the subject in 1727. He criticised certain of the views contained in this work, which are those that were also independently arrived at by Hutchinson in this country about fifty years ago. Hamberger and Hutchinson had proceeded on the assumption that the thoracic mechanism is for all practical purposes in its movements comparable to the movements possible to parallel structures. Dr. M'Vail showed by drawings and working models that this assumption is in important respects unwarranted; that the thorax departs largely from the parallel form, the spinal origin of the ribs forming a considerable curve and the sternum being very much inclined to the spinal column. He spoke of the modification this rendered necessary in the teaching of Hamberger with regard to the increase in area of the intercostal spaces on elevation of the ribs, and pointed out that the spinal curvature and inclined position of sternum introduced a mechanical difficulty as regards the movements of the thoracic walls, a mechanical difficulty that is obviated in a very beautiful manner by means of the provision made for the widening of the costo-cartilagic angle. In the case of the upper two ribs, where no such mechanical provision is necessary, the cartilages are short—in the first almost rudimentary, and in them the cartilage rather continues the course of the rib than forms an angle with it. Thus only so much of the sternal ribs of birds is retained as will suffice to overcome the mechanical difficulty introduced into the arrangement of the spinal curvature and sternal obliquity.

THE Bands of Hope of the United Kingdom have contributed during the last seven years the sum of £913 to the Temperance Hospital.

THE LANCET.

LONDON: SATURDAY, MAY 20, 1882.

WHATEVER may be the actual effects on medical education and on the College itself of the two resolutions adopted at the last meeting of the Council of the Royal College of Surgeons of England, there can be no doubt as to the rectitude of their intentions. Opinions may differ on the policy and practicability of the course upon which the Council has entered, but there can be little disagreement as to its desirability. Both the resolutions aim at securing for the candidates at the College examinations a better education, at the same time that they encourage a more becoming attitude towards the ordeals themselves. It is notorious that many candidates present themselves both for the Primary and Pass Examinations so ill-prepared that they fail to reach even the lowest standard in any part of their examination. This circumstance exhibits an undesirable lack of respect alike for the test and for those who apply it, and an indifference to the purposes of education.

We are not now concerned to trace out the causes of this evil state of things; still less do we seek to apportion the share of blame that may belong to the candidate or his teacher on the one hand, and to the College and its examiners on the other; we merely state a fact, without committing ourselves at present to any theory of explanation. No one will deny that, in the interests of medical education, and for the improvement of the general status of the medical profession, some safeguards are needed against the growing spirit of recklessness in medical education and examinations, not only at the College of Surgeons, but elsewhere.

The first of the resolutions adopted at the last meeting of the Council relates to the Pass Examination. At a meeting of the Council, held on the 13th ult., Mr. T. SMITH moved: "That it be referred to the Court of Examiners to consider and report to the Council whether, or not, it is desirable that all students rejected in the Pass Examination for the diploma of Member should be placed in the same category as regards the time required to elapse before they can present themselves for re-examination."

The Court having considered such resolution, resolved to report to the Council:—"1. That it is already provided by Clause 2, Section 9, of the Standing Rules that a candidate, referred at the Pass Examination for the diploma of Member, may, if the Court shall so determine, be readmitted to the examination within the period of six months after his reference, and that, in the opinion of the Court, it is not necessary to make any alteration in the Regulations in respect of the power vested in the Court for shortening the period of reference. 2. That, in the opinion of the Court, however, it is desirable that an additional Standing Rule should be enacted, giving to the Court, in cases where extreme ignorance is exhibited, the power of lengthening the period of reference from six to nine or twelve months, as the Court shall determine."

Though the Report accepts the principle that obviously underlay the original motion—namely, that a distinction should be made between the various candidates rejected at the Pass Examination for the Membership, it not less obviously applies that principle in a manner that is widely different from that which Mr. SMITH intended. The second clause is, we believe, likely to give rise to much uneasiness in the minds of some teachers, though, as we think, quite unnecessarily. It must not be forgotten that the extended period of reference to nine or twelve months is intended only for those "*cases where extreme ignorance is exhibited.*" For such cases a reference for nine or twelve months cannot reasonably be objected to. If a candidate at a Pass Examination exhibit "extreme ignorance," it is scarcely likely that he will be competent to engage in the practice of his profession within nine or twelve months. Indeed, a candidate "extremely ignorant" must be very industrious and no dullard into the bargain, if he is to acquire in nine months that amount of knowledge, training, and skill that can alone justify any examining board in granting him a diploma or licence declaring his fitness to practise. On the other hand, if "extreme ignorance" may be atoned for by nine or twelve months' labour, it is equitable that candidates who fail only in a minor degree should have an opportunity of presenting themselves within six months. It appears from the Report given above, that provision is already made for the readmission of candidates to examination within six months, if the Court of Examiners so determine, though, as a matter of fact, this privilege has, we understand, been rarely granted. If there is to be a period of reference of nine to twelve months for candidates extremely ignorant, there must in all fairness be a reduced period of, say, three months for candidates who have nearly, but not quite, satisfied the examiners.

The second resolution adopted at the last meeting of the Council relates to the Anatomical and Physiological Examination, and is directed more particularly towards stimulating the study of Anatomy and Physiology during the first year of professional study. The only doubt that may attach to the resolution is whether the Council has not somewhat exceeded its jurisdiction in imposing upon all teachers of Anatomy and Physiology the task of holding compulsory examinations in these subjects at the end of the first year. With this exception the decision of the Council is to be commended, and most teachers will be glad to be furnished with the warrant of the College to compel all their pupils to attend and pass the class examinations. The resolution is embodied in a report of the Nomination Committee in conference with the Committee on the Arrangements for Additional Examinations for the Diploma of Member and of Fellow of the College, on the establishment of an examination in Elementary Anatomy and Physiology after the expiration of the first year of study. The Joint Committee reported to the Council that, however desirable, it is not practicable to institute such an examination at the College without an additional charge to the students; but that, in the opinion of the Committee, it is desirable that, in lieu of the proposed examination at the College, an examination in Elementary Anatomy and Physiology should be instituted at the several recognised Schools of Medicine

after the end of the first year of professional study, and that any student commencing his professional education on or after the 1st of October, 1882, should not be admitted to the Primary Examination for the diploma of Member of the College without the production of a certificate from his teachers that he has satisfactorily passed the examination in question at his medical school. If the powers thus placed in the hands of the teachers be wisely exercised, the disciplinary influence of this regulation must be beneficial alike to student and teacher. It will be for the teachers to agree among themselves as to the best way of carrying it into effect.

THE disposition shown in different quarters to exact payments of hospital patients, and to convert hospitals into self-supporting or even profitable institutions, appears to us to be matter for much question. We are not thinking at present of home hospitals for the wealthier classes, which seem to be developing fast into a species of costly hotel, but of the suggestion made in reference to several existing or projected hospitals for the poor, that the patients should contribute to their own maintenance, and that the medical staff of the hospital should be allowed to charge for attendance. In the case of St. Thomas's Hospital, the limited adoption of a paying system has the excuse almost of being unavoidable, for the governors had so badly managed their great resources as, after building their palatial structure, to be without the means of furnishing it. It is not intended, so far as we know, that this arrangement shall be permanent; but to last only so long as the impecuniosity of the governors continues. With the return of better times and the results of better management, this great institution will be once more devoted to the service of the poor. But the proposal which we criticise is that all patients of hospitals shall be required to pay something towards their maintenance and their medical attendance unless they can prove their inability to do so, the evidence on this point to be investigated by a committee or some officer of the hospital.

One fundamental idea at the root of this proposal is that it is desirable, on a large scale, for people who are sick to leave their homes and go into hospitals. At present hospital in-patient cases are for the most part somewhat grave and difficult; but in the millennium, to which certain hospital reformers would hurry us, we are to conceive of many of the cases which now form the material of ordinary medical practice flocking into the hospitals to be treated there. We cannot regard such a change with much satisfaction. Where a case of sickness can be nursed and treated at home, we hold that home is the best place for it, and that, in the absence of exceptional difficulty, it should be kept there. If our hospitals are to be thrown open to paying patients with complaints not rendering them medically eligible, what guarantee have we that the competition of these may not be such as to exclude the more urgent cases for which our hospitals were originally intended? Our hospitals should be reserved, as at present, for more serious and exceptional cases. Supposing this to be admitted, we have to consider the question of the terms on which a poor man, overtaken with a grave accident or disease, is to be received into the hospital. At present he is received on charitable terms; his richer neighbours provide a hospital for his accommodation where he can have the highest skill and the best nursing, in addition to the best food. His richer neighbours have hitherto considered it a pleasure as much as a duty to support an institution with such purposes. On his part he has generally come out of such an institution with a considerable impression for good made upon him. The kindness of the nurses, the skill and thoughtfulness of the surgeon or the physician, the services of the chaplain, and the high charity of the whole arrangement have impressed him. But a discovery is supposed to have been made. It has been found out that this arrangement, by which the poor man with his fracture or his rheumatic fever is so kindly accommodated, is demoralising. He is made a pauper by it; and a demand is immediately pressed that all hospital patients shall be asked to pay something for their hospital treatment. This charge against our existing hospital system is strained and far fetched. A man cannot, and he would not if he could, manufacture those diseases which secure his admission into a hospital. Any serious abuse of hospital in-door treatment has not been established, and can be easily guarded against. The petty payments which it is practicable to get from working people do not seem to us likely to enhance their respect either for themselves or for the hospital system. Will a man who has been cut for stone think more of his surgeon if he reflects that in some provident contribution to the hospital he has paid him eighteenpence for the operation, than if he received all generously and charitably? We trow not. There is still room in a Christian country for hospitals, and we should be sorry to see them turned into hotels.

DR. R. FOWLER, of the Metropolitan Asylums Board, has at length taken action on the line we have, during the last seven years, persistently indicated—namely, a revision of the principle on which the so-called insane population is classified and, in a statistical sense, manufactured. Dr. MORTIMER GRANVILLE was the first authority on the subject of asylum statistics to point out that the apparent increase of insanity—which, be it remembered, is solely an increase in the total number of the registered insane—has been mainly, if not wholly, caused by *accumulation;* and that this accumulation has in great part been due to the heaping together of old and new, curable and incurable, cases, with the addition of a vast concourse of troublesome old paupers of both sexes, who were a source of annoyance and expense in the workhouses, and therefore—and only for this reason—were described as "imbeciles" and placed in asylums. This practice of confounding the stupidity and wilfulness of second childhood with mental disease sprang up gradually, but it received a special impetus from the grant made for the maintenance of lunatics. Another phase of the same subject, to which the action taken by Dr. R. FOWLER principally relates, consists in the crowding of the institutions built under Mr. GATHORNE HARDY'S Act and managed by the Metropolitan Asylums Board. We have from time to time dealt at length with this matter, and it will be within the recollection of our readers that we devoted considerable space some three years ago to the discussion of the causes which gave Caterham Asylum an unenviable notoriety. It was then pointed out that the population of that asylum was so constituted as to render a high mortality from *natural* causes inevitable, although

this did not entirely explain the excess of the death-rate at Caterham as compared with Leavesden.

Dr. R. FOWLER has now moved for "a return, showing the age and number of the cases of dementia incidental to senility sent from the several metropolitan unions and parishes to Caterham, Leavesden, and Darenth Asylums during the three years ending December 31st, 1881," to be laid before the Local Government Board. This will be a most useful document when prepared, and we venture to suggest—not to the Commissioners in Lunacy, who are quite satisfied with the *status quo* in every respect, and cannot be expected to betray the slightest appreciation of any advice or suggestion, still less to those "specialists" of the inner circle who act as a protecting cordon to the Commissioners, or to members of Parliament who, having put their hand to the plough, have looked back for help to the Commissioners and their official and *quasi*-official supporters—but to the Legislature as a whole, that a similar return should be required for the asylum population proper. There can be no doubt that such a return, if impartially made, would amount to a revelation in respect to the alleged great increase in lunacy and the supposed need for "further accommodation." Of course "more beds" is the cry everywhere, as it will continue to be, so long as the ridiculous policy of classing all eccentric and demented paupers as lunatics or persons of unsound mind is pursued. We have repeatedly asserted, and we cannot hesitate to repeat, that not only is this policy bad in a medical sense, but it is unbusiness-like and opposed to the principles of a wise political economy. The subject is one in respect to which the Statistical Society of London might do admirable service if it were not saturated with the spirit of officialism and red-tape. What may be called the *age* question scarcely attracted any attention in respect to the statistics of the insane, until in 1876 THE LANCET Commission showed how it had been neglected, and insisted on its importance. Even now the significance of this factor is not fully understood. Nor is age in years everything, though it undoubtedly means a great deal. Many a man and many a woman is, from the conditions of wear and tear in the personal life and the circumstances of existence, practically older than the number of his or her years would imply. In fact, age is, in part at least, a matter of consumption; and it may very well, and as a fact does, happen that no inconsiderable proportion of the persons who from various causes come to be classed as paupers are prematurely aged, and therefore suffer from and exhibit the mental weakness—call it dementia or what we may—of senility, although they may not number more than the years of an average maturity. A return such as Dr. R. FOWLER demands will show much, if extended to the total asylum population of the country; but it should be supplemented by other details which *ought* to be found in the returns collected by the Commissioners in Lunacy, but, for the official reasons to which we have already pointed, are not, and cannot be expected to be. Their importance is not understood at Whitehall!

The immediate consequence of huddling the imbeciles of all ages into lunatic asylums, and into the metropolitan asylum for imbeciles *proper*, is manifold. First, we get crowding, with exclusion or swamping of recent cases, and failure in the work of *cure*. Secondly, additional expense is caused (*a*) by the failure to cure while the opportunity offers, and the "drifting" of insanity into dementia; and (*b*) by the necessary maintenance of a large and costly staff of attendants to perform functions which are wholly needless as regards the class of so-called "patients" under control. These old folks of all ages should be kept in the workhouses. It is wasting time, skill, and money to surround them with the agents and appliances of medical treatment. Thirdly, the system extant is the fruitful source of many grievous social misconceptions. The public and the Legislature will never understand "lunacy" or what it requires while we point to a mixed crowd of mad and simply silly, because used-up, folk, and say *these* are the insane. It is not necessary to work out the train of reflections which these propositions must suggest. Suffice it to recognise the practical good sense of Dr. R. FOWLER'S motion, and to urge that Parliament should adopt the idea, and apply it to the whole population of what it pleases the official mind to designate "the insane." In connexion with this subject we would again urge the very serious consideration of two papers which have been pushed out of sight and forgotten because they did not happen to find favour at Whitehall or Lincoln's-inn—namely, one by Dr. MARTIN DUNCAN, of King's College, on the Cost of the Insane; and one by Dr. LOCKHART ROBERTSON, on the Increase of Insanity. These, together with the reports and comments of our own Commission, comprise a picture of the figures and facts to which it is idle and perverse to be blind.

THE experiments of M. DE LACERDA on the treatment of snake-bite by permanganate of potash, to which so much attention has been directed, were made in the laboratory of Rio Janeiro during the absence in Europe of the director of this laboratory, M. COUTY, who has thought it his duty, since his return, to communicate a paper on the subject to the Paris Académie des Sciences—a paper which will confirm the hesitation many authorities have felt in accepting DE LACERDA'S results. Some time ago, in conjunction with the latter, COUTY published an account of some observations which showed that the poison of Bothrops, injected under the skin of such animals as the dog, the rabbit, the monkey or the guinea-pig, is absorbed in very small extent, and only produces local inflammation, more or less extensive. This effect is very different from that which follows the introduction of the poison into the circulating blood. It would seem that this may explain, at least, some of the results which follow the injection of permanganate of potash, which, beneath the skin, may destroy the poison lying there as effectually as it would do if mixed with it in a glass. But in a previous note M. COUTY showed that the poison, when it has gained access to the blood, produces death by various mechanisms, causing multiple lesions, congestive, hæmorrhagic, or inflammatory, in the most active and most vascular organs and tissues. Hence it occurred to him that the true physiological antidote to the poison was to be sought among the substances which lessen the vital activity of the anatomical elements, an effect which DE LACERDA has shown to be produced by alcohol, and another Brazilian physician, LISBOA, by chloral. In view of these facts regarding the mode of action of the poison, COUTY has, with the assistance of DE LACERDA, made some fresh experiments with the per-

manganate in the hope of learning more regarding its mode of action. They mixed a quantity of poison obtained from different serpents, having first ascertained by experiment that the action of each was the same. A cubic centimetre of this mixture was injected into the saphenous vein of a dog, but produced only trivial and transient symptoms. Double the quantity was injected into a second dog, and a solution of the permanganate was simultaneously injected into the opposite saphenous vein, but the animal died in the course of a few minutes, in spite of a repetition of the supposed antidote. A similar dose of the poison only killed a third dog of the same size as the others in two hours. In a fourth dog a similar result occurred, in spite of an injection of permanganate. Three cubic centimetres of the poison were then injected into the vein of the dog first experimented on, which had perfectly recovered. For some hours it presented no marked symptoms, but died the following day with multiple lesions. It would seem, from these results, that the permanganate accelerated instead of preventing the fatal issue, but it was necessary to take into consideration also the variation of individual susceptibility, and also the singular want of any definite relation between the symptoms produced and the dose of the poison, before drawing any inference regarding the permanganate. Some other experiments were made with larger doses of the poison, and all those treated with the permanganate died in the same manner as the others, with hæmorrhagic infiltration of the heart, lungs, meninges, and other viscera—lesions which are characteristic of the poison when it is introduced into the blood. The symptoms which preceded death were also the same as in the cases in which the permanganate was injected into the veins—vomiting, defecation, micturition, external and internal hæmorrhages, and irregular convulsions. And the mode of death presented the same diversity; one dog died in a few minutes from arrest of the action of the heart, and another in three hours from a progressive paralysis of the nervous centres.

Other experiments were also made with small doses which caused slight symptoms, passing away spontaneously in a manner which might readily suggest a curative action if this or that antidote were injected; but in these cases also COUTY convinced himself that the penetration of the permanganate into the blood does not remove the symptoms when they have already commenced, or hinder the occurrence of the hæmorrhagic lesions in the heart and lungs which may be found even in slight cases, if the animal is killed by other means. He concludes from these researches that the permanganate of potash has been suggested as a therapeutic agent against the effects of snake-bite on insufficient experimental grounds, and that it is not a physiological antidote to the poison of bothrops, since it does not influence the action of the poison when this has been introduced into the blood. On the other hand, DE LACERDA has just published a pamphlet containing a collection of nearly forty cases which have been lately recorded in Brazil by independent observers, in which the injection of the permanganate apparently saved the life of the bitten person. So far, then, there is an irreconcilable antagonism between the assertions of COUTY and DE LACERDA, and we shall await with interest some independent confirmation of the results obtained by one or the other.

A FEW years ago there was much stir in the profession relative to the subject of advertising medical works in lay papers. Resolutions condemnatory of the practice were passed by the various leading bodies, and copies of these resolutions were sent to authors and publishers. As a result, the advertising of medical works in the lay press has been almost entirely discontinued; only such books as are manifestly intended for general reading or touching more on scientific than purely medical matters have found access to the columns of the leading daily journals. It was therefore with feelings of profound astonishment that we saw in *The Times* of May 11th no less than five columns devoted to medical advertisements, and those drawn up in the very worst possible taste, since, added to the simple announcement of the name of the work, the authors' titles and honours are fully stated, and in the majority of instances are appended lengthy and laudatory quotations from reviews by the medical press. We regret moreover to see the names of so many distinguished Fellows of the Royal College of Physicians attached to the advertisements. This body was foremost in passing the resolution forbidding the practice of advertising in newspapers by its Fellows, and yet on the present occasion we find a very considerable number represented in the advertisements, and, what is more remarkable, the majority of those whose names appear have held high positions in the College either as Censors, Lecturers, or Examiners. The profession looks to the Royal College of Physicians for light and guidance in many matters, but, above all, it is expected to set an example of professional conduct. We hope, therefore, the gentlemen who have been brought before the public in so undesirable a manner will offer an explanation how their names came to be used in the manner indicated. That such an explanation will be forthcoming we have no doubt; for we cannot for one moment imagine that any of the distinguished Fellows whose names figure in the list are responsible for their appearance. It will be an evil day for our profession when the works of medical authors are puffed by the same arts as those required to palm off some mere commercial commodity. One point, however, is very certain: the practice of direct or indirect appeals to the public on the part of leading members of the profession must be put an end to. There is but one road to legitimate professional success, and that is by earning the esteem and confidence of the whole body of the profession, gained only by years of hard toil, self-denial, and a spirit of noble independence. We shall not regret the appearance of the advertisement in question—though it is humiliating to think that so low an opinion has been formed of the honour and morality of our profession as to make such a proceeding possible—if the indignation excited by it has the effect of putting a stop at once and for ever to irregular practices of the kind, not merely as regards the advertising of medical books in the lay press, but as respects the gratuitous exhibition of names of leading members of the profession in connexion with trade speculations.

TWO more inquests have been held on the bodies of "short term" prisoners. In both instances death resulted from acute pulmonary disease. In neither we are pleased

to be able to state does a shadow of suspicion of neglect or oversight rest on the prison officials. The deaths, as far as it is possible to judge from the evidence, resulted rather from the severity of the prison system than any other assignable cause. In one instance it appears that the deceased, who was sentenced to four months' imprisonment, was a strong and vigorous young man when he entered gaol; he became ill whilst in prison, and ultimately died of acute inflammation of the lungs. This case, taken by itself, would not be sufficient to call for comment; but unfortunately inquests on "short term" prisoners, as we have had repeatedly to record, have become more frequent since the introduction of the new Prisons Act. It is when these inquests are taken collectively that the severity of the present system can be fairly judged. But independently of these inquests, a mass of evidence is being obtained by those interested in the future well-being of the prisoners, which shows that a very large number of those discharged leave prison so weak that they are unable to earn an honest livelihood. Another point deserving of comment is the fact that the number of suicides in local gaols is considerably higher than in convict prisons; and this disproportion we have no hesitation in attributing to the severity of the discipline and the insufficiency of the dietary. We have so recently commented on the unscientific characters of dietaries No. 1 and No. 2 that we need not enter upon that point again; but it must be manifest to all who are not blinded by routine that bread and water, a plank bed, and hard labour are likely to foster that despondency which is felt most acutely during the first weeks of incarceration. If such severity is to be practised, let it be towards the end of the sentence, when the prisoner has been under the observation of the medical officer for some time. It must be impossible in many cases to decide offhand, when a prisoner first comes in, whether he can bear the discipline to its full extent or not. The initial experiment may prove too much, and mischief result that no subsequent amount of leniency can rectify. The acute pulmonary affections to which "short term" prisoners are liable probably arise from this cause. A delicate, or it may be a healthy-looking man, with some latent tubercular mischief, is admitted as a "short term" prisoner. As he is not manifestly ill, he is placed on No. 1 diet—bread and water with a little Indian meal,—hard labour during the day, and a plank bed at night. After a week his dietary is slightly improved, but is still very insufficient, especially as regards the fatty elements. In a week or so the prisoner complains of malaise; he is then excused work, gets weaker; is admitted to the infirmary, and dies of acute pneumonia. Upon which follows a coroner's inquest, with censure of the prison officials. Now this is obviously unfair to the medical officer. He is obliged to decide offhand, without any trustworthy data to go upon, except the presence or absence of any palpable disease, whether the prisoner is to undergo the full rigour of his sentence or whether it is to be lightened. In the majority of instances the judgment formed is a right one; but it must happen, even to the most observant and careful, that a wrong estimate of a prisoner's vital power is sometimes formed, and then a few days of severity produce the untoward result,

Annotations.

"Ne quid nimis."

INTERNATIONAL MEDICAL CONGRESS.

THE Executive Committee held their final meeting on the 15th inst., Sir J. Risdon Bennett, F.R.S., in the chair. The treasurer presented the balance-sheet of receipts and expenditure, signed by the auditors, Dr. Pitman and Professor John Marshall, F.R.S., from which it appeared that about £9030 had been received, and £8730 expended, leaving a balance in hand of £300, which the committee directed to be handed over to Dr. S. Wilks, F.R.S., treasurer of the Association for the Advancement of Medicine by Research. The treasurer stated that 3180 entrance fees had been paid, amounting to nearly £3300, besides subscriptions from 1105 persons, amounting to more than £5700; £1200 of which had been promised as a guarantee fund in case of need by 126 subscribers who had not been called upon. The volume of Abstracts prepared for use at the sitting of the Congress, and the four volumes of Transactions, published after an interval of less than five months, a copy of which has been presented to every member, cost about one-half the whole amount received. The meeting terminated by the passing of a cordial vote of thanks to the honorary treasurer, Mr. Bowman, F.R.S., and the Honorary Secretary-General, Sir W. Mac Cormac.

THE FORTHCOMING DISCUSSION AT THE OPHTHALMOLOGICAL SOCIETY.

THE youngest of our metropolitan medical societies has arranged to hold a discussion at the close of its current session. The subject chosen is "Sclerotomy." At the close of the last meeting of the Society, Mr. Bowman referred to this discussion and suggested that those who took part in it should confine themselves to certain definite issues, and he named the following:—1. The methods and forms of the operation of sclerotomy. Quite different operations are constantly described under the name of sclerotomy, and each speaker must therefore be careful to specify the exact form of the operation he referred to. 2. The *rationale* or *modus operandi* of the operation; an explanation of the manner in which the beneficial results are obtained would throw light upon the cases in which it is applicable, and the best mode of performing it. 3. What forms and stages, and under what complications of glaucoma, the operation, or any form of it, is desirable. For the guidance and help of those intending to take part in the discussion Mr. Nettleship has drawn up a short bibliography of the subject, an abstract of which we append. A long paper by Mauthner in Knapp's Archives, vol. vii., p. 202 (English), records the principal facts of the history of sclerotomy. It was proposed in 1867 by Wecker, and first performed in 1868 by Stellwag; these surgeons in a discussion at Heidelberg in 1869 held that its efficacy depended upon the interposition of a layer of more or less porous tissue between the lips of the wound of the sclera—filtration-scar theory. In 1871 Quaglino performed what is known as "simple sclerotomy," and wrote a paper in the "Annales d'Oculistique," 1871, vol. lxvi., p. 271, and he made a further communication at the London Congress, 1872. Wecker also published his experience and views in papers in the "Annales d'Oculistique," vols. lxvii., lxviii., and lxxi., and "Thérapeutique Oculaire," 1879; and in the Transactions of the International Medical Congresses held in Amsterdam and London. In 1876 Bader published his paper in "C. O. H. R., vol. viii., p. 430, and about the same time Spencer Watson read a paper on it at the Clinical Society. In 1877 Mauthner's two papers appeared, the one referred to above and the other in "Wiener Med. Wochenschrift." Galezowski proposed "crucial sclerotomy" in 1880, but at the

International Medical Congress, 1881, mentioned making only two incisions. The views of several other ophthalmic surgeons are recorded in the Transactions of the International Medical Congress, 1881.

THE REGISTRAR-GENERAL'S FORTY-THIRD ANNUAL REPORT.

THE Registrar-General's forty-third detailed Annual Report relating to the year 1880 has just been issued, and contains much valuable statistical material for analysing and estimating at its proper value the marked improvement in the public health, judged by the national mortality statistics, that occurred during the latter half of the ten years ending 1880. The death-rates in 1877 and 1880 did not exceed 20·3 and 20·5 per 1000, both of which were below the rates recorded in any other year since civil registration was established in 1837; and the mean death-rate of [the five years 1876–80 was but 20·8, which was 1·5 below the mean rate in the thirty years 1841–70, preceding the sanitary revival which led to the passing of the Public Health Acts of 1872 and 1875. The rate in 1881, the first year of the current decade, further fell to the unprecedentedly low figure 18·9. The report before us contains an important contribution to the statistics of small-pox and vaccination, to which we shall have, on an early occasion, to refer. These statistics, while affording a complete refutation to the reckless assertion of anti-vaccinators that small-pox mortality has increased in England and Wales since the advent of compulsory vaccination, prove conclusively that more than the whole saving of life, by the reduction of small-pox mortality, has occurred among children under ten years of age; they prove indeed that, concurrently with the more general adoption of vaccination and the marked decline in the death-rate from small-pox among children, there has been an increased rate of fatality from this disease among adults. Such facts afford the strongest argument in favour of increased facilities and inducements for revaccination at adolescence.

SEPTIC ENDOCARDITIS.

PROFESSOR LEYDEN, writing on this interesting subject in the current number of the *Zeitschrift für Klinische Medicin*, draws attention to the frequent resemblance of the temperature curve in this disease to that of intermittent fever, a resemblance that has been many times noted by others. He distinguishes clinically four groups of cases as follows:—The first group includes those cases in which the endocarditis forms part of a pyæmic or septic process. This is best known in connexion with puerperal septicæmia, in which ulcerative (infectious parasitic) endocarditis is not infrequent. It is also sometimes met with in septicæmia and phlebitis following injuries. Leyden observed one such case complicated with abscess of the liver. In these cases of endocarditis, pyæmic or septic *par excellence*, the cardiac condition is part of a wide-spread septic process, and the rigors occurring in the disease may be symptomatic of the general sepsis, quite as much as of the endocarditis. In his second group he places those cases of endocarditis which are marked by a more or less intense and irregular pyrexia and erratic rigors. Traube has recorded such cases, so has Litten. Volmer relates one in which typhoid symptoms ushered in the attack, then rigors occurred, and the diagnosis of endocarditis was made. Leyden remembers one such case in Traube's clinic where a correct diagnosis of pulmonary valvular insufficiency was made, the endocarditis being accompanied by an irregular intermitting fever. The third and fourth groups comprise cases in which the temperature-curve corresponds, more or less closely, to that of intermittent fever, with periods of paroxysmal exacerbation, alternating with apyrexia, sometimes for a short period, regularly quotidian and tertian in type. In the third group he places those cases in which the signs of cardiac disease are ill-marked, or even in abeyance until near the close of life; whilst in the fourth he describes those cases where heart disease has been long established, the intermitting fever arising as a final complication. He gives details of four such cases, and ascribes the issue to the supervention of some septic influence, sometimes ascertainable, and confirmed after death by the presence of mycotic organisms in the vegetations, and secondary emboli. It may be added as an interesting historical fact that Leyden states that he has been unable to find records of these types of fatal endocarditis among older writers. This we believe is quite true, and in the face of the very striking clinical manifestations is a little remarkable, and not wholly to be explained by the absence of thermometric observations. It is more than likely that some cases known to our forefathers as malignant ague really belonged to this class of disease, although even Morgagni, who faithfully describes post-mortem appearances in association with clinical facts, gives no case that would now bear this interpretation.

UNIVERSITY COLLEGE.

ON Wednesday last, the Earl of Kimberley presiding, Mr. Erichsen, F.R.S., distributed the prizes to the successful candidates in the competitive class examinations of the Medical Faculty. In an interesting and eloquent address, Mr. Erichsen, after congratulating the victors and encouraging the vanquished, set forth some of the characteristics and claims of medical study and practice. The most marked feature of modern medicine was, he said, its quick and certain progress. Within his personal recollection as a practitioner or teacher of surgery, three epoch-marking events had occurred—namely, the introduction of anæsthetics, the advance of histological pathology, and the employment of scientific antiseptic surgery. These three events, preceded as they were by John Hunter's researches on inflammation and the repair of wounds, had caused surgery to advance in one century with more rapid strides than it had done for two thousand years from the days of Hippocrates. As a curious illustration of the progress in pathology, Mr. Erichsen cited a fact within his knowledge—namely, that the late Sir Robert Carswell, the distinguished author of the beautiful Atlas of Pathological Anatomy, had not a microscope in his possession at the time he prepared his famous work. In concluding his address, Mr. Erichsen in earnest tones admonished his hearers to remember their advantages and responsibilities, and, above all, to be loyal—loyal to themselves and one another, loyal to their Alma Mater, and loyal to the profession. The address was listened to with marked attention; and a vote of thanks, proposed by the Earl of Kimberley, was carried by acclamation.

TRACHEOTOMY.

WE recently referred to a case of laryngeal paralysis in which the dyspnœa was not relieved by tracheotomy, the explanation being that a small tumour behind the thyroid body was compressing the trachea. Dr. Whipham showed a similar case at a recent meeting of the Pathological Society. A man with an aneurism of the aorta was suffering intense dyspnœa, and the laryngoscope revealed paralysis of the abductor muscles of each vocal cord. Tracheotomy was performed, and no relief followed, and after death it was found that the aneurism was compressing the trachea from behind and almost obliterating its lumen. The moral of such a case needs no pointing! It is important that the attention of surgeons should be very pointedly drawn to such cases, for unless such a result be foreseen great disappointment may result.

THE HOME SECRETARY AND HOSPITAL ADMINISTRATION.

THE Social Science Association is trying to move the Home Secretary in the matter of reform of hospital administration in the metropolis. It has sought an interview with the Home Secretary with this end. Sir William Harcourt has requested to have the suggestions and desires of the Council of the Social Science Association on this subject, in writing. The Council have accordingly forwarded certain resolutions on the subject, with explanatory memoranda. The drift of these is familiar to our readers. Briefly, they set forth that hospital accommodation in London is inadequate, and especially that it is badly distributed; that there is much want of organisation and co-operation among medical institutions; that there is a lack of uniformity of plan of keeping accounts and registers; that there is much harm done to the independence of the community by the present system of indiscriminate relief, &c. The Council disavow any intention of recommending compulsory Government control or management of voluntary hospitals, but think the time has come for a full and impartial inquiry into the system and the accommodation it affords. There can be no doubt that the Council has pointed out some great defects in our hospital system. The only question is whether the time has come, or ever should come, when the State should interfere in the matter. The Social Science Association should try to rouse the public conscience on the question of hospitals. It is not likely at present that the Government will see its way clear to do for the public what the public is so capable of doing for itself. Government just now is in no want of amateur employment that it should go in search of doubtful work. But there is a want of public interest in hospitals. These institutions are too much spoken against by certain would-be reformers, and a little more praise and a little less blame from these would unlock the springs of public charity, and supply the present lack of service.

FILARIA AND HÆMATO-CHYLURIA.

THE concluding meeting of the Pathological Society (the report of which is unavoidably deferred to next week) on Tuesday last, was one of the most interesting that has been held this session. With few exceptions the specimens exhibited conveyed much instruction, and supplied real additions to knowledge. Thus Dr. Crocker read the report of a Committee dealing in an exhaustive manner with the subject of Xanthoma; Dr. Sharkey illustrated the histological changes forming the initial stage of renal carcinoma; Dr. Ralfe showed the solvent effect of large and free administration of distilled water upon renal calculus. Dr. Turner demonstrated the visceral, and especially the arterial, lesions in cases of cerebral hæmorrhage. But perhaps the most instructive of all was the exhibition by Dr. S. Mackenzie of the diseased structures from the case of hæmato-chyluria, which he brought forward at the first meeting of the session, and upon which we commented at the time (see THE LANCET, 1881, vol. ii., p. 722). It will be remembered that Dr. Mackenzie then exhibited specimens of blood containing the filaria-embryos, and gave a very complete account of their periodicity—their appearance in the blood during the hours of rest and sleep, and disappearance in the interval. Only a few days after that date the filariæ ceased to appear in the blood. The patient had been allowed a day's liberty, and shortly after his return to the hospital he was attacked by a rigor, the chyluria and filariæ disappearing. Then an abscess formed above the left clavicle, and later double pleurisy, which became purulent, and he died in January, with these conditions further complicated by cystitis and pyelo-nephritis. The post-mortem examination accounted for the variation in the clinical phenomena. The thoracic duct about its central third was completely obliterated, and embedded in inflammatory tissue. Above this point it dwindled in size, and the abscess had occurred near to its termination. The double pleurisy was probably due to extension of inflammation from the diseased duct. Below the occlusion the duct itself and all the lymphatic radicles in the pelvis were enormously dilated; some of them, especially the renal lymphatics, contained calcareous nodules, but no direct communication was found between the renal lymphatics and the bloodvessels. Dr. Mackenzie conjectured that the inflammation and obliteration of the duct and the formation of the abscess in the neck were due to the parent worms becoming dislodged from their residence in the thoracic duct, and their death, with consequent cessation of the production of the filarial embryos. The failure to find any traces of the parent worms is quite explicable, as well as the length of time elapsing between their death and the post-mortem examination; but there still remained for closer scrutiny a small vermiform coagulum lodged in the duct just below the occlusion. The case, thus completed, forms a most substantial addition to the facts of filarious disease. It confirms the view that in the human subject the habitat of the parent filaria is in the lymphatic trunks, and points to the cause of the chyluria being due to the mechanical impediment to the flow of chyle in the thoracic duct from the presence of these worms. The case throws light upon the occurrence of lymphangiectasis, and of chyluria unassociated with filarious disease, and at the same time illustrates the peril hanging on the subjects of this disease. The rarity with which opportunities occur for the anatomical investigation of the disease, and especially the rarity with which cases are met with at all in this country, add much to the value of this case, that has been so fully observed and recorded in its clinical and pathological aspects.

SANITARY WORK AT MENTONE.

NOW that the winter residents are commencing to leave Mentone the authorities are about to take measures to improve the condition of the town, which indeed is far from perfect, in spite of the royal patronage recently received. For instance, though Mentone possesses some sewers, these have been, if anything, of more mischief than use, for there were no means of flushing them. Now, however, a contract has been concluded with a water company, pipes are being laid in all directions, and a reservoir, made high up in the mountain, discharged into the main drains so great a volume of water, diverted from one of the running streams of Mentone, that the water came up through the openings into the street. It has further been decided to carry the main sewer, which now empties itself into the port, some distance further, so as to reach the extremity of the pier or breakwater and throw the sewage as far out to sea as possible. This will be a great improvement. But there is no provision whatsoever for the ventilation of the sewer. The necessity of ventilation does not seem to have dawned upon the authorities; and, as all the pipes communicating with the sewer are untrapped, the houses will naturally become the ventilating medium. We sincerely trust that the authorities may realise in time the elementary fact that the higher ventilation and temperature of the houses must draw up the sewer gas if the sewer has no efficient independent ventilation. For the emptying of cesspools the authorities are to be congratulated on the employment of Tulard's steam pneumatic system, by which the obnoxious gases are burnt on the spot and all unpleasantness obviated. In the old town some streets are to be repaired, others widened, and similar efforts will be made to render this quarter, where the poorer classes live, more wholesome. Nevertheless, the health among the native population has

been fairly good, and it is the visitors who in comparison supply the larger contingent to the death-rate of Mentone. Thus, for instance, there were last January 34 deaths, of which only 12 were inhabitants of Mentone, but these latter included a case of typhoid and one of diphtheria, both children. In February there were 40 deaths—18 foreigners and 22 Mentonese, one case of croup among the latter. In March 31 deaths—13 foreigners and 18 Mentonese. In April 28 deaths—11 foreigners and 19 natives, two children dying of typhoid among the latter. So long as no attempt is made to prevent the free admission of sewer gas into the houses, cases of zymotic disease will arise, in spite of the very favourable topographical position of Mentone. Fortunately there had been no case among the English colony when the condition of the town was reported upon with a view to Her Majesty's visit, though an English lady fell ill with typhoid fever after the Queen's arrival. Still Mentone has been especially fortunate. But we would insist that it has only been fortunate, and that its comparative immunity from zymotic disease is not due to any superior sanitary measures; for the faults common to all Riviera towns are still rife at Mentone.

RESULTS OF INFECTIOUS DISEASE NOTIFICATION.

A PARLIAMENTARY paper has just been issued giving the results of a correspondence between the Local Government Board and the Home Office and the local authorities of the several towns of England and Scotland, to whom have been granted powers to compel within their area the notification of infectious diseases, as to the operation of these powers. The authorities in question number twenty-three, two or three of them having obtained their exceptional powers quite recently. These decline to express any positive opinion upon the operation of their newly acquired powers, the novelty of them not having worn away or the people not having become habituated to them. But the remainder, the greater number, express unqualified approval of the results. This approval is expressed usually in the most general terms, and it is only in a few instances, where a somewhat detailed report of results is furnished by the medical officer of health, that any definite notion of the advantages presumed to be gained by the compulsory notification is obtained. Indeed, the gain assumed appears to be rather a theoretical assumption than an observed fact, and seems to have been equally experienced by authorities who had previously complied with the requirements of the Public Health Act, 1875, and by those who had not. Bolton, one of the earliest towns to seek for and obtain these enlarged powers—namely, in 1877—has not seen the necessity or advisability of providing infectious disease hospital accommodation until now (1882). And so in this sort of sanitary tinkering Parliament had no difficulty in ignoring the previous provisions of the Public Health Act, 1875, and withholding extraordinary powers until it had been assured that the ordinary powers of a sanitary authority had been acted upon. And even a Parliamentary Committee does not stop here. It has no hesitation in invading the sacred rights of the Royal College of Physicians. Leicester, wishing to have no confusion with the term "cholera," would have designated the disease referred to "Asiatic cholera," and would have made provision that the local diarrhœa in times of the epidemic disease should not have been confounded with the diarrhœa which accompanies an epidemic of cholera. But the Chairman of Committees, ignoring the nomenclature of the Royal College of Physicians, and oblivious of the significant term "choleraic diarrhœa," prefers the addition of "infectious" to cholera, and creates a source of confusion which will bear immediate fruit if Leicester has again to experience an epidemic, and possibly bring the action of its notification of infectious disease powers speedily to a standstill. Where isolation of infectious diseases cannot be obtained, what can sanitary administrations do with these notification clauses? This is what we should have wished to know from this paper, without undue exercise of the imagination. And this information we shall not be content with until we have ascertained it by one of the special inquiries conducted by the Medical Department of the Local Government Board. Such an inquiry ought certainly to have gone along with the inquiry which forms the substance of the paper now before us.

EAST SUFFOLK AND IPSWICH HOSIPTAL.

A VACANCY for a surgeon to this institution has recently been caused by the resignation of Dr. Bartlet. The election is in the hands of the governors of the institution, and the grave evils attending this mode of filling vacancies in the medical staff are well illustrated by this particular election. It appears that there are two candidates for the post, Dr. H. J. Benham and Mr. G. H. Hetherington, of whose rival claims it does not become us to speak. From the *East Anglian Daily Times* we gather that an active canvass has been carried on, and that printed copies of the testimonials of the candidates have been sent to the governors of the hospital. It seems, however, that Mr. Hetherington has so worded some of his statements as to lead to the production of erroneous impressions not adverse to his candidature. After considering the matter, the Weekly Board passed a resolution recommending Mr. Hetherington without delay to correct these statements. As this was not done to the satisfaction of Dr. Benham's supporters, the meeting of the special court of governors held for the purpose of the election ended in a wrangle between the two parties, when unpleasant accusations were made by each side, and the election was postponed. In the interest of the public as much as of the profession, we protest against this unseemly mode of election. Instead of the claims of rival candidates being considered quietly and impartially by a limited committee who can easily be put in possession of the *facts* of the case, candidates have to appeal to *interest*, and often, to win success, electioneering artifices of the worst type are descended to by men claiming to belong to an honourable profession. Such a mode of election to a post of great public trust is a scandal and an anomaly; and it is hardly an exaggeration to state that there is not a hospital to be found where the election of officers is thus conducted in which instances have not occurred of grave miscarriage of justice and want of proper discrimination.

THE DWELLINGS OF THE POOR.

THE question of the sanitary condition of the homes of the poorer members of the community is one that forces itself on the attention of the public, not merely as a philanthropic consideration, but also as a matter of self-interest. It is of little use that the respectable inhabitants adopt for their own dwellings the most perfect sanitary arrangements, if pestilential and fever-haunted dens are allowed to exist in their midst, from which zymotic diseases may originate or intensify. Such a breeding ground for this form of preventable disease seems to exist in Dove-court, Leather-lane, and an inquest has recently been concluded on one of the inmates, who succumbed, as the jury found, to the influence of improper feeding, accelerated by the insanitary surroundings. The medical man, Dr. Price, who gave evidence, spoke as to the filthy condition of all the houses in the court except No. 7, which was properly looked after, and in which no case of illness had occurred for some time; but from all the

others he had had cases of typhoid, small-pox, pyæmia, and ulcerated mouths. Turning from this unsavoury state of affairs, it is satisfactory to note that dwellings for artisans are being erected in Vine-street and Tooley-street, which, when completed, will accommodate 400 families, and also that, owing to the enterprise of the Improved Industrial Dwellings Company, buildings for the accommodation of about 1400 persons of the working class are to be erected at Islington and the Borough. This is, undoubtedly, a gleam of light on an otherwise dark picture; at the same time it must not be forgotten that these dwellings are of really little advantage to the very poor, being occupied mostly by the artisan class who earn fair wages. In order to improve the condition of the tenements of the latter, the hands of the sanitary authorities should be further strengthened, a more rigid system of inspection instituted, and landlords compelled at least to provide and maintain in working order the essential sanitary appliances.

LUNATICS AT LARGE.

BEYOND question, Sir James Ingham was right in the decision at which he arrived in a recent case of alleged and disputed insanity which was brought before him on certificates by two competent physicians—Dr. Orange of Broadmoor, and Dr. Davies of Barming Heath. The "lunatic" escaped from an asylum in November last, after being in confinement twenty-one years. He had been harmless and seemingly rational during the time he had been at large, but he had distinct delusions, and Dr. Davies declared that he was subject to exacerbations. Under these circumstances it would not have been safe to allow him to go without control. However heterodox the doctrine may appear, we must say that delusions of a purely personal character do not appear to us to justify the incarceration of an individual of unsound mind if he is able to conduct himself properly. It would be exceedingly difficult to define the scientific difference, if any, between a man who thinks he is the living representative of an illustrious person long since dead, and a man who regards himself as a re-incarnation of some ancient prophet, or believes that he is inspired. As concerns real or supposed delusions in respect to the external, it is not easy to see how the believer in transubstantiation differs from the victim of hallucinations or delusions making him believe things are not what they seem. It is not so much what a man thinks or believes concerning himself or others that should determine his claim to the right of self-control, as his power to exercise the control he claims. In the case which has suggested these remarks there was, we understand, evidence that the alleged lunatic was periodically subject to excitement, which rendered him unable to act independently of his misconceptions, and, in short, to conform to the usages and laws of social life. Upon this evidence, and this alone, we think the decision of Sir James Ingham was just and prudent.

AN IMPURE WELL.

A CASE was recently heard before the sitting magistrate at Hammersmith in which an owner of property there was charged with having a well on the premises yielding to the tenants impure water. The Sanitary Authority sought, in the consumers' interests, to have the well closed and water supplied from a trustworthy source. The case was supported by Dr. C. H. Furnival, the medical officer of health of the district, and by Mr. Cassal, analytical chemist, of University College Hospital, both of whom testified to the impurity of the water obtained from the well. The defendant gave evidence of the absence of illness among the consumers. But the magistrate, not heeding this evidence, ordered the well to be closed.

ANEURISM OF THE BRACHIAL ARTERY.

DR. EMMETT HOLT, late House-Surgeon to Bellevue Hospital, New York, records a case of idiopathic aneurism of the brachial artery in the current number of the *American Journal of the Medical Sciences*, and at the same time gives a careful *résumé* of the literature of the subject. He has excluded from his consideration all cases of traumatic aneurism, and he has been able to find only thirteen cases of brachial aneurism, not directly due to injury, three of which have been recorded in America. The main facts to be adduced from this series of cases are these. Only two cases occurred in females; eight occurred in patients under thirty-two years of age, the oldest patient was sixty, the youngest seventeen. In six cases the aneurism was at the lower end of the artery, in two it was situated at the lower third, in two at the middle third, in one at the junction of the upper and middle thirds, and in three in the upper third. In several cases there was a history of previous strain or strong muscular effort. Twelve cases were cured, one left the hospital unimproved, and one case (Scarpa's) was left to die untreated. Eight of the successful cases were ligatured; four times the thread was placed pretty close to the sac, and in two of them there was secondary hæmorrhage; the Hunterian operation was done twice, and in one case the old operation of incision of the sac and double ligature of the artery was successfully performed. Compression was tried in nine cases and succeeded in four. In two cases the aneurism was cured without obliteration of the artery. The treatment that was successful in Dr. Holt's case was compression by means of a triangular piece of splint board, the apex being padded to form a ball three quarters of an inch in diameter. The man lying in bed, his arm was drawn away at right angles from the body and supported by a table, and the surgeon, seated in front of him, placed the small end of the pad on the artery and rested the broad end against his shoulder, by which compression was easily kept up. Dr. Holt states that by this means he was enabled to control the artery without painful or powerful compression of the accompanying nerves.

THE TOTTENHAM SANITARY ASSOCIATION.

THE eighth annual report of the Tottenham Sanitary Association indicates that the excellent work of that body shows no falling off, and that it continues to work earnestly on the lines it first marked out. In truth, the real improvement in the sanitary administration of Tottenham takes its origin from the formation of this Association—from, in fact, the residents in the village taking a real and intelligent interest in the action of the Board entrusted with carrying out the official sanitary administration of the district, and letting the ratepayers know that this administration shall not be a perfunctory duty. Would that institutions of this sort were to be found in every sanitary district in the kingdom! Sanitary administration largely fails because of the difficulty of securing an intelligent interest in the work on the part of the persons who are most concerned with its proper execution. Tottenham has made a great stride in health matters since this Association was formed, and this notwithstanding the great increase of population within the decennial period 1871–80. Since the census of 1871 the population has more than doubled, and in 1881 amounted to 46,441, while within the later years of this period so-called preventable diseases have actually progressively decreased. The action of the Association is admirably represented by the report now before us. Showing clearly what has been gained in the district, it directs attention to a question of grave importance with regard to the source of water-supply and the need for a new reservoir the desirability of sewer-flushing, the necessary increase of

main drainage, the want of a public mortuary and of a swimming-bath. We commend this report and Association to the imitation of other metropolitan suburban districts and sanitary districts elsewhere.

THE LATE LORD F. CAVENDISH AND MR. BURKE.

AT a special meeting of the Fellows of the Royal College of Surgeons in Ireland, convened on the 11th inst., the following resolution, proposed by Mr. J. K. Barton, Vice-president, and seconded by Mr. Rawdon Macnamara, was unanimously adopted :—

"That the President, Vice-president, Council and Fellows of the Royal College of Surgeons in Ireland, at this meeting specially convened for the purpose, do record their deep horror and indignation at the atrocious murder of the Chief Secretary for Ireland, Lord Frederick Cavendish, and of the Under-Secretary, Mr. Thomas H. Burke; and that hereby this College, while it expresses unanimously its abhorrence of an act so inhuman, also declares its loyal devotion to the Throne and Government of our Most Gracious Majesty the Queen, against which the outrage was directed; and earnestly trusts that the effort to restore peace and order to this country and to vindicate the authority of the law against the perpetrators of this crime may prove successful; that the College expresses its warmest sympathy with the bereaved families of the gentlemen thus suddenly cut off in the performance of their duties, and records its conviction of the severe loss which the country has sustained by the foul crime of which they have been the victims."

At a meeting of the members of the Council of the Apothecaries' Hall, Ireland, last week, it was resolved, on the motion of Dr. Finucane, seconded by Dr. Long :—

"That this meeting denounces in the strongest terms the awful murder of Lord Frederick Cavendish and Thomas H. Burke, Esq., on Saturday the 6th inst., in the Phœnix-park, which terrible outrage has brought disgrace upon this country and inflicted untold anguish and irreparable loss on their bereaved families. That this meeting begs most sincerely to tender to the afflicted relatives of Lord Cavendish and Mr. Burke their heartfelt sympathy under such a terrible trial and sorrow, earnestly trusting that the guilty perpetrators of those atrocious crimes may speedily be brought to justice."

Earl Spencer on Tuesday last received a deputation from the Irish College of Physicians, who presented him with an address, in which the President and Fellows, after referring to the dastardly crime committed in Phœnix Park, expressed their desire to place at the disposal of his Excellency their services in devising and carrying out further measures of sanitary improvement. Earl Spencer returned a suitable and courteous reply.

PEPSIN.

M. GAUTIER has shown that sheep pepsin, well prepared, contains about two per cent. of its weight of insoluble granules, which can be collected and washed on filters of porous porcelain, and appear then to consist of refracting corpuscles rounded or ovoid in shape. In spite of their insolubility these corpuscles seem to possess considerable digestive power, since they can peptonise albuminous bodies, and if left for a long time in pure water, or in water which is slightly acidulated, the substance of which they consist becomes slowly transformed into a soluble pepsin. Does this transformation occur by a simple chemical process analogous to the hydration of starch in superheated water, or are these granules minute organisms, as M. Béchamp thinks, the function of which is to secrete the pepsin? M. Gautier inclines to the former view, believing that the granulations constitute a chemical ferment, an insoluble pepsine, without life or organisation, from which pepsin is formed in the presence of water by a purely chemical reaction. They contain a nitrogenous acid, free from sulphur and phosphorus, which resembles fatty acids in being soluble in ether and crystallisable. The evidence against their organised nature is that the highest magnifying power reveals in them no organised structure, and they undergo no multiplication in sterilised culture liquids. They digest albuminoid substances in the presence of the most powerful poisons, such as prussic acid, which destroy entirely the activity of organised ferments. The activity of the granules is only manifested in an acid liquid, which is a characteristic diametrically opposed to that of bacteria and their germs, which are active only in alkaline or neutral solutions.

SMALL-POX HOSPITALS AND SMALL-POX FATALITY.

THE Registrar-General's Annual Summary for 1881, recently issued, contains some useful statistics bearing upon the relations between small-pox hospitals and the local fatality of small-pox. A table is given which shows the number of deaths and the average annual rate of mortality from small-pox during the five years 1877–81, after distributing to their previous residences all the hospital cases, in each of the registration districts of London, which correspond for the most part with what may be called the metropolitan sanitary districts. The lowest death-rates from small-pox per million in these twenty-nine registration districts, during the five years 1877–81, were 112 in Lewisham, 132 in Woolwich, and 134 in St. George's, Hanover-square; while the rates in the other districts ranged upwards to 648 in Poplar, 688 in Hackney, 802 in Greenwich, and 848 in Stepney. In the five groups of districts into which London is divided, the small-pox rate was lowest (196 per million) in the central, 248 in the western, 354 in the northern, 440 in the southern, and highest, 546, in the eastern. Now there is no small-pox hospital within the central or eastern groups, which respectively showed the lowest and highest death-rates from small-pox during the period under observation. The second highest rate occurred, however, in the southern group, which contains the metropolitan asylum hospitals at Stockwell and Deptford, and within this group the highest district rates occurred in Camberwell and Greenwich, which might reasonably be expected to be influenced by the Deptford hospital. The rate in Lambeth, however, notwithstanding the Stockwell hospital, was below the average for the entire group, and considerably below the rates in Southwark. The northern group also contains two small-pox hospitals, and the death-rate in Hackney district, in which the Homerton Hospital is situated, shows a considerable excess, as does the rate in Fulham district, which contained the hospital in the western group of districts.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual elections for president, vice-president, secretary, and council will take place on Monday, June 5th. For a seat on the council a large number of candidates may be expected, and the following have signified their intention of coming forward:—Mr. H. G. Croly and Mr. Henry Fitzgibbon of Baggot-street Hospital, Mr. C. H. Robinson of the Ledwich School of Medicine, Mr. Meldon and Mr. Wm. Stoker of Jervis-street Hospital, and Mr. Coppinger of the Mater Misericordiæ.

THE LIMITS OF DENTAL SURGERY.

THE supporters of the dental diploma of the College of Surgeons will no doubt feel astonished when they read in the number for May 1st of the *British Journal of Dental Science* an account of an operation performed at the National Dental Hospital. The dental surgeons of this institution have felt it to come within their *métier* to remove a tumour of the jaw, which proved to be of the recurrent sarcomatous type,

and on inquiry it is found that the operators possessed only the dental licence. It is quite certain that Mr. Tomes and such men as he would never contend that these operations upon tumours of the mouth are legitimate practice, and the sooner a definite understanding is come to on the matter the better it will be for the credit of the dental diploma and its possessors.

THE Exhibition of Hygiene, which, as announced by us last week, was to have been opened in Berlin on the 15th inst., was totally destroyed by fire on the 12th. Sanitarians all over the world must regret this calamity, as the undertaking was on a large and important scale, and promised to be of great service in the promulgation of sanitary science. No department of public or private hygiene was forgotten, and preparations for the exhibition were commenced twelve months ago, contributions being invited from all parts of the continent, and especially from Germany itself. It has been stated that some valuable books and documents, which cannot be replaced, have been destroyed; but we are glad to learn that the executive have decided to lose no time in again inviting contributions, and hope to open the exhibition next spring.

THE new Code of Ethics, promulgated by the New York State Medical Society, declares as follows:—"It is derogatory to the dignity and interests of the profession for physicians, through the medium of reporters, or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers." Since the issue of this law, several members of this Society have been interviewed (says *Gaillard's Medical Journal*), and the new Code is in this respect worthless.

IN consequence of the increase in the number of students of Medicine and Natural Science at Cambridge it has been found necessary to provide additional accommodation at the new museums for the study of morphology and histology; and the University has further determined, by a grace of the Senate passed on May 11th, to establish a new Professorship of Animal Morphology, the holder of the chair to receive a stipend of £300 per annum, and to be elected by the members of the Senate on the electoral roll.

THE Municipal Council of Paris is building a new hospital, which is to be named after the celebrated physician and physiologist Bichat, and which will be completed in the course of the year. The Hôpital Bichat will contain 180 beds, and extensive arrangements are being made for hot water and vapour baths, douches, &c., and for enabling out-patients to have the use of the hydropathic section of the hospital without interfering with the in-patients.

AT the request of the President, Mr. Watson Cheyne and Mr. E. M. Nelson will, at the close of the next meeting of the Royal Medical and Chirurgical Society, on Tuesday, May 23rd, exhibit Dr. Koch's specimens of the bacilli of tubercle and other pathogenic bacteria.

PROFESSOR MOLESCHOTT, a member of the Italian Senate, will deliver a lecture at the Roman University on the first Sunday in June, upon the life and work of the late Mr. Darwin.

DR. BARNES, formerly Physician to the Seamen's Hospital, (late *Dreadnought*), has been unanimously elected Consulting Physician to the Hospital, in the room of the late Dr. Budd.

TWO medical students in Paris have just died from maladies contracted in the performance of their duty. M. Schaech, a house student at the Hôtel Dieu, from an attack of diphtheria, and M. Oscar Guy, an outside student at the Laennec Hospital, from an attack of typhoid fever, caught from one of the patients whom he was attending.

VON LANGENBECK has, we understand, resigned the Chair of Surgery at Berlin.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Barnsley (Urban).—Dr. M. Thomas Sadler reports for 1881 for this borough a birth-rate of 40·28 and a death-rate of 20·54 per 1000 inhabitants living, "this last being, with the exception of 1877, the lowest I have had to report during the fifteen years that I have acted as medical officer of health" for the borough. Children under five years of age furnished nearly half of the whole number of deaths, being a little below the average of the previous ten years, and decidedly fewer than in 1880. "The improvement under this head, and indeed the great cause of the more favourable report which I am enabled to make of the state of the health of Barnsley during last year, is due to the smaller mortality from diseases of the zymotic, or more or less infectious and preventable class. To keep this class of diseases as much in check as possible is, or ought to be, one great object of all sanitary authorities." Typhoid fever, which "has been steadily diminishing for the last four years, caused only 8 deaths, as against an average of nearly 20, and diarrhœa 27, the average having been 45·6, and the number for 1880, 88. This comparatively small prevalence of diarrhœa in 1881," adds Dr. Sadler, "bears out the observation I made in my report for 1880, to the effect that severe diarrhœa epidemics are with us usually associated with hot weather in August and September, whilst equally hot weather in June or July produces comparatively very little of the disease." Barnsley is comparatively an old town, "where there is a large proportion of houses built before much attention was paid to sanitary requirements." These are the parts in which the principal zymotic diseases are observed to have their most fatal effect. The sanitary administration derives little aid as to the knowledge of the existence of these diseases from medical men, and Dr. Sadler holds it unreasonable to expect such assistance from them unless they are paid for the information; and he obviously longs for legislation respecting a notification of infectious diseases. Barnsley has done much in sanitary work in recent years, and "it is obvious," writes Dr. Sadler, "that the trouble and money that have been expended have borne valuable fruit." It would appear, however, that two matters at least now demand attention—namely, the ventilation of sewers and the management of ashpits and the refuse they receive. In regard to the latter he says:—"Another matter is the present mode of disposing of refuse not admissible into ashpits. This includes not only ashes, more or less clean, but also the refuse from fishmongers' and greengrocers' shops, and a large quantity of decomposing animal and vegetable matter from various sources. This has hitherto been got rid of by the primitive method of tipping it on land bought or rented for the purpose. The offensive odours given off from such heaps of foul stuff gave rise to constant complaints,.....and those who approach or leave the town by road or rail on the Manchester side must be impressed with an unfavourable idea of our sanitary progress." Dr. Sadler writes hopefully of the sanitary future of Barnsley, and sees no reason why it may not become one of the healthiest towns of England, instead of occupying, as it has hitherto done, a rather low place in the sanitary scale.

Halifax Union (Combination of Rural and Urban Sanitary Authorities).—Dr. Thomas Britton reports for 1881 favourably of the sanitary circumstances of this extensive

combination of sanitary districts. It includes not less than one rural district (the Halifax) and seventeen urban districts. Careful supervision has been maintained over the water-supply. "Sanitary work has been steadily progressing, and the public are much more alive to the value and importance of improved sanitary conditions than they were a few years ago. My visits of inspection are well received, my suggestions appreciated, and in most instances carried out; in fact, I may say, that after eight years' experience, the harmony which existed at first between myself, the medical profession, owners of property, and the public generally has never been disturbed. Zymotic diseases did not prevail much last year. I am confirmed in the opinion expressed in a former report," writes Dr. Britton, "that schools were the most fruitful sources of infection," and he would have children who have been kept away through illness, before returning, armed with a medical certificate showing their fitness. He adds, moreover, the following remark: "At schools, in addition to the congregating of children together, there is a still greater danger from the indiscriminate mixing of the clothes in the lobbies adjoining the schools. It is also a fruitful source of colds, as the children take off their wet clothes and hang them on pegs, the smaller ones under those of the bigger, so that in rainy weather the wet drips off the upper row and thoroughly saturates the lower. The little children put these clothes on, and possibly play about for some considerable time in them before going home. Hence many illnesses result which the mothers find it difficult to account for." In the combined district 1881 was an "exceedingly healthy" year, the death-rates ruling lower than in many preceding years, and the amount of sickness of all kinds was much less than usual.

Watford (*Urban*).—Dr. Alfred T. Brett reports for this district in 1881 a birth-rate of 34·15 per 1000 living, and a death-rate, exclusive of deaths in the union workhouse, of 15·98 per 1000 living, and inclusive, of 18·05. The sanitary authority seems to have muddled its arrangements for infectious cases, and it appears to have had to deal with scarlet fever, typhoid fever, diphtheritic sore-throat, and small-pox at different times during the year. The small-pox was with the accustomed carelessness imported from London, but fortunately the spread of the disease was limited; difficulty was experienced in inducing families who had children suffering from scarlet fever to send them to the hospital provided for them, and this is partly attributed to the contiguity of the hospital to the workhouse. The diphtheritic sore-throat as well as the typhoid fever were attributed to sewerage defects. Neither the sore-throat nor the fever spread.

Faversham (*Urban*).—Mr. Atthill reports for this district, in 1881, a death-rate of 13·1 per 1000 of the population, and a birth-rate of 38·1 per 1000. The death-rate of the district has gone down from 16 in 1880 to 13 in 1881, "this being the lowest average of any previous year. I attribute this satisfactory reduction, in the main," adds Mr. Atthill, "to the absence of any epidemic disease, and next, to other causes of perhaps scarcely less importance—namely, the absence of marked distress in this locality on the one hand, or a too flourishing state of trade on the other, to mild weather and to sanitary improvements." The report says little in detail about the sanitary state of the towns; but it speaks of sewerage works effected during the year, and of surface wells remaining untouched, although a good water-supply is now at hand. It speaks, moreover, of an effort made to effect a combination between the urban and rural sanitary districts for instituting a hospital for infectious diseases as having been abortive.

Dublin.—The report upon the state of public health in Dublin during 1881 has been issued by Dr. Cameron, superintendent medical officer of health. The deaths in the metropolitan area amounted to 9180, exclusive of 244 deaths of persons admitted into public institutions from extra-metropolitan districts. The death-rate was at the ratio of 26·3 per 1000, against 35·9 in 1880 and 35·4 in 1879. The deaths in the city numbered 7296, being in the ratio of 29·2 per 1000, showing a decrease of 1975 as compared with 1880. This decrease in the death-rate last year as contrasted with 1880 was largely due to a great falling off in the mortality caused by zymotic diseases. The improvement in the public health was even greater than at first appears, for previous to 1879 the registration of deaths in Dublin was so defective that the burials were found to exceed the registered deaths by ten per cent., and in consequence the death-rate appeared to be lower than it really was. At present, owing to the burial returns and to further improvements relating to births and deaths registration, effected by an Act passed in 1880, it may be taken for granted that few, if any, deaths now escape being registered in Dublin. It would appear that the improvement in the public health was principally due to a lessened mortality from contagious diseases, and as Dr. Cameron remarks, "it may reasonably be anticipated that a continued improvement in the condition of the dwellings of the humbler classes of Dublin will in due time effect a decided diminution in the amount of disease of the constitutional and local types."

Cork.—The deaths during the four weeks ending April 22nd amounted to 187, being equal to a death-rate of 31·02 per 1000, but omitting the deaths which took place in the workhouse, which is outside the borough, the rate was 25·90. The births were 200, or 33·17 per 1000 inhabitants. Although typhus fever shows an increase as compared with the preceding month, yet it contrasts favourably with the number under treatment during the corresponding period of last year.

THE BOLTON INFECTIOUS DISEASE HOSPITAL.

On the 6th inst. Mr. J. W. Taylor, the chairman of the Sanitary Committee of the Borough of Bolton, aided by the Mayor, laid the foundation of an infectious disease hospital, and so initiated a movement which will shortly remove an incongruity from which the borough has long suffered in reputation. In 1877 its exceptional powers respecting the notification of infectious diseases came into operation. Not until 1882 did the Corporation feel impelled to carry out one of the most important provisions of the Public Health Act, 1875, a provision which it would have been surmised should have preceded any extraordinary power respecting the notification of infectious diseases. The contemplated hospital is to consist of two pavilions, each to give accommodation for twelve patients, twelve males and twelve females. The administrative building is so designed as to serve for a larger hospital should it afterwards be found desirable to extend the hospital buildings. The arrangement of the building and the out-houses, including a laundry and mortuary, seems excellently designed; but the remarks of one of the speakers at the opening ceremony with respect to the "epidemic of small-pox," inevitably directs attention to what appears a great omission. No special provision appears to be made for the reception of small-pox cases. Some provision for such cases would seem to be essential for a town like that of Bolton, and it cannot yet be too late to rectify the omission.

BACK-TO-BACK HOUSES.

A person was recently charged in Keighley for having broken the by-laws of the Local Board by altering two through-ventilated houses into back-to-back houses. No defence could be offered, and the magistrates adjourned the case to give the proprietor time to make the necessary alterations.

TYPHUS AT GATESHEAD.

In a recent report the medical officer of the borough of Gateshead reports the removal to hospital of thirty-seven cases of typhus, sixteen cases of small-pox, four cases of enteric fever, some of which he believed to be typhus, while measles had prevailed as an epidemic over the whole town.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5797 births and 3438 deaths were registered during the week ending the 13th inst. The annual death-rate in these towns, which had steadily declined in the preceding weeks from 24·3 to 21·9 per 1000, further fell last week to 21·2, a lower rate than in any previous week of this year. The lowest rates in these towns last week were 10·6 in Derby, 16·3 in Birkenhead, 16·8 in Cardiff, and 17·4 in Leicester. The rates in the other towns ranged upwards to 27·2 in Wolverhampton, 27·6 in Manchester, 28·5 in Portsmouth, and 35·7 in Bolton. The deaths referred to the principal zymotic diseases in the twenty-eight towns were 553 last week, and exceeded by one the number in the previous week; 211 re-

sulted from whooping-cough, 157 from measles, 73 from scarlet fever, 43 from diarrhœa, 34 from "fever" (principally enteric), 22 from diphtheria, and 13 from small-pox. No death from any of these diseases was recorded last week in Norwich, whereas they showed the greatest fatality in Portsmouth and Bolton. Whooping-cough caused the highest death-rate last week in Bristol and Wolverhampton; measles in Bolton, Portsmouth, and Bradford; scarlet fever in Sunderland and Hull; and "fever" in Plymouth and Portsmouth. The 21 deaths from diphtheria in the twenty-eight towns included 13 in London, and 2 both in Portsmouth and Birmingham. Small-pox caused 13 more deaths in London and its suburban districts, and 1 each in Birmingham, Nottingham, and Leeds. The number of small-pox patients in the metropolitan asylum hospitals, which had declined from 350 to 300 in the two previous weeks, further fell to 297 on Saturday last; 52 new cases of small-pox were admitted to these hospitals during the week, against 41 and 48 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had steadily declined from 392 to 282 in the four preceding weeks, further fell to 261 last week, and were 57 below the corrected weekly average. The causes of 82, or 2·4 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Plymouth, Leicester, Derby, Birkenhead, Blackburn, and Cardiff; whereas the proportions of uncertified deaths were largest in Salford, Sheffield, Hull, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual death-rate in the eight large Scotch towns, which had been equal to 24·1 and 23·7 per 1000 in the two preceding weeks, further declined to 22·1 in the week ending 13th inst.; this rate very slightly exceeded the mean rate last week in the twenty-eight English towns. The deaths referred to the principal zymotic diseases in these towns, which had been 92 and 94 in the two previous weeks, further rose to 101 last week; they included 26 from whooping-cough, 25 from measles, 18 from diphtheria, 18 from diarrhœa, 8 from "fever," 6 from scarlet fever, and not one from small-pox. The annual death-rate from these zymotic diseases averaged 4·3 per 1000 in the eight towns, and was 0·9 above the mean rate from the same diseases in the large English towns. The 26 fatal cases of whooping-cough showed a decline of 4 from the number in the previous week, but included 14 in Glasgow, 6 in Edinburgh, and 3 in Aberdeen. The 25 deaths from measles showed a considerable further increase upon recent weekly numbers; 10 occurred in Glasgow, 8 in Edinburgh, and 3 in Aberdeen. The 18 deaths attributed to diphtheria exceeded the number in the previous week by 6, and included 6 in Glasgow, 5 in Aberdeen, 4 in Dundee, and 3 in Edinburgh. The 18 fatal cases of diarrhœa were 2 below the number in the corresponding week of last year, but were proportionally more numerous than those from the same cause in the English towns. Four of the 8 deaths referred to fever and 4 of the 6 fatal cases of scarlet fever were returned in Glasgow. The deaths referred to acute diseases of the lungs in the eight towns, which had been 123 and 117 in the two preceding weeks, further declined to 113 last week, and were but 2 above the number returned in the corresponding week of last year.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 36·3, 30·3, and 27·6 in the three preceding weeks, rose again to 35·4 in the week ending 13th inst. During the first six weeks of the current quarter, the death-rate in the city averaged 30·9 per 1000, against 20·9 in London and 21·5 in Edinburgh. The 236 deaths in Dublin last week showed an increase of 52 upon the number returned in the previous week; they included 13 which were referred to measles, 4 to "fever" (typhus, enteric, or simple), 2 to diphtheria, 1 to scarlet fever, and not one either to small-pox, whooping-cough, or diarrhœa. Thus, 20 deaths resulted from these principal zymotic diseases, showing a further decline from recent weekly numbers; they were equal to an annual rate of 3·0 per 1000, against 3·2 in London and 4·5 in Edinburgh. The 13 fatal cases of measles in the city corresponded with the number in the previous week, and raised the number of deaths from this disease recorded within the city since the beginning of this year to 523. The 4 fatal cases of "fever" showed a slight decline from recent weekly numbers, while the deaths from diphtheria were more numerous. The causes of 29, or nearly 15 per cent., of the deaths were uncertified.

CENSUS OF COUNTY KERRY.

The population in 1871 amounted to 196,586, and last year to 201,039, or an increase of 2·3 per cent. The number of persons returned in 1871 as receiving relief under the poor-law system was 1660, or 1 in every 118 of the population. Of this number 1437 were inmates in workhouses, and 228 were in receipt of out-door relief. In 1881 there were 3658, or 1 in every 55 of the population, 1897 being located in workhouses, and 1761 receiving out-door relief. As regards the condition of elementary education in 1881, 47·7 per cent. of the population could read and write.

THE SERVICES.

THE Queen has approved of the retirement from the Service of Brigade Surgeon David Boyes Smith, M.D., of the Bengal Army.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon John S. Dobbyn, M.D., to the *Thetis* vice Parr, invalided; Staff Surgeon Thomas Harvey to the *Gannet*, vice Inman, invalided; Surgeon Howard J. M'Todd to the *Firebrand*, vice Brown, invalided; Surgeon Alexander L. Christie, M.B., to the *Jackal*, vice Todd; and Surgeon Joseph Anderson to the *Excellent*, vice Christie.

HYPNOTISM IN PARIS.

(From an occasional Correspondent.)

No. I.

FOR the last five or six years Paris has been saturated with animal magnetism and hypnotism, owing to the wonderful performances of a clever magnetiser on the one hand, and on the other to the writings, clinical lectures, and demonstrations of Professor Charcot, Dr. Dumontpallier, and others. But before these physicians had scarcely broached the subject, their attention was diverted by the remarkable theories enunciated by Dr. Burq respecting the galvanising properties of different metals on the system. Not content with the application of plates of metals to the surface of the body in order to produce galvanism, Dr. Burq administers metals internally, in which there is nothing new, but he differs from other practitioners in this respect, that according to him each patient has a greater susceptibility or affinity for one metal over another, which may differ at different times in the same subject according to the varying state of his health—that is to say, the metal that will suit a patient at one time will not suit his case at another. All this seems rational enough, but the great secret is, how that metal is to be discovered. We are not aware that Dr. Burq has published any instructions on the subject, but what we do know is that his system has been baptised Burqism or metallotherapy, and that most patients are more sensitive to gold than to any other metal. It will be recollected that more than thirty years ago the same Dr. Burq thought he had found in copper a specific for cholera, not only as a curative remedy, but as a preventive against that dire disease, and he arrived at the conclusion from having observed that copper manufacturers enjoyed a certain immunity against the affection. This would-be discovery soon died a natural death, but Dr. Burq, not in the least discouraged, continued his investigations in metalloscopy, and eventually discovered that the application of different metals to the skin was a specific for hysteria. He subsequently submitted his researches to Professor Charcot, Physician to the Salpétrière, a hospital for women suffering from nervous affections, where there was a large field for putting Dr. Burq's experiments to the test. These were verified by the enterprising physician of the Salpétrière, who pronounced them to be for the most part rational, as

the metals so employed produced electric currents exactly similar to those produced by a galvanic battery, which are utilised in the treatment of paralytic and other affections of the nervous system; and Burqism became one of the recognised forms of the therapeutics at that hospital.

It is asserted that with the aid of metal plates adapted to the constitution of the subject and suitably arranged, alternating or crossed phenomena ("phénomènes croisés") of catalepsy, muscular contraction of joints, insensibility, &c., can be produced at pleasure by the experimenter, and on any part of the body. It is known that under certain influences the phenomena of catalepsy can be produced in subjects in a state of lethargy. For instance, if the eyelids of a lethargic patient be separated in such a way as to expose the globe of the eye to the action of a ray of light, the cataleptic state is produced as in real catalepsy—that is to say, the limbs preserve the attitudes in which they are put. In this lethargo-cataleptic state the two phenomena may be produced in the same individual at the same time, and by opening one eye only one-half of the body will be found in a state of lethargy, whilst the other is in a state of catalepsy. The sonorous vibrations of a diapason produce the same effects as a ray of light. Independently of the lethargic state, patients of this category are very sensitive to the action of the diapason, and the simple contact of the instrument with the arm is sufficient to produce contraction of the limb, which persists for some time. If during this contraction an ordinary magnet, or even an electro-magnet, be held near the other arm, which remains in its normal state, the limb becomes contracted in its turn, and the arm previously contracted resumes its normal state. This phenomenon has been designated "transfert." It takes place in the organs of sensation, as well as in those of motion, and is produced by reflex action in subjects in whom the nervous centres of the spine are in a peculiar state of hyper-excitability. It was accidentally discovered during the metallo-scopic experiments that were being performed at the Salpêtrière, and it was thenceforth proposed as a remedy for certain forms of paralysis and muscular contractions of the joints. The explanation given of the *modus operandi* of "transfert" is simply gratuitous, as the reflex power and the mysteries of the nervous centres are old and convenient expedients, and are frequently used to conceal ignorance. The present generation of medical students of the Paris School are so crammed with obscure doctrines of the physiology and pathology of the nervous system that the other parts of the body are found to be lamentably neglected; and it is said that this discrepancy has been remarked at the examinations, and that when a question in pathology embarrasses a student, he is almost sure to seek shelter behind the reflex function and the nerves of the vaso-motor system, similarly as in bygone years almost every pathological state used to be put down to the caprices of the pneumogastric nerves.

To return to "transfert." This new therapeutic system may be said to be short-lived, for, if it is not as yet entirely defunct, the enthusiasm with which it was adopted has so cooled down that one hears little or nothing about the wonderful cures performed therewith. Then came animal magnetism, which is simply the revival of mesmerism under the patronage of men who hold a certain position in the scientific world. This patronage was considered necessary to save it from the ignominious position into which it fell, practised as it was by charlatans, necromancers, and jugglers. Professor Charcot has contributed in great measure to raise it from oblivion under the title of Hypnotism, which is only another form of animal magnetism, and it formed the subject of his memoir on the occasion of his candidature for the membership of the Paris Academy of Sciences.

After these preliminary remarks, and before entering on the subject of hypnotism, it may be useful to take a brief retrospective view of the different phases of animal magnetism, from the time of its introduction to public notice to the present period. Mesmer, a celebrated German physician, was the first who propagated the doctrines of animal magnetism, which is also called Mesmerism, after his name. He first made his doctrines known to the world in 1766, by a work on planetary influence, published at Vienna, in which he contended that the heavenly bodies diffuse through the universe a subtle fluid, which acts on the nervous system of animated beings. A few years after, in conjunction with Father Hell, a Jesuit, and Professor of Astronomy at Vienna, he engaged in investigations relative to the influence of the loadstone in curing disease, in which they seem to have achieved great success. Hell, however, having perceived that Mesmer, in his quality of physician, had the advantage over him, and secured the monopoly of praise and pecuniary rewards, denounced Mesmer as an impostor, and the latter was obliged to quit Vienna. He visited several parts of Germany and Switzerland, where he is said to have performed most wonderful cures. In 1778, he came to Paris, where he soon became popular, and thousands of people, from the highest to the lowest, flocked to his apartments for the purpose of being mesmerised. In a short time he found an ally in a French physician, named Deslon, who eventually became his rival, and was so successful in his practice that he quite eclipsed his master, and the author of mesmerism, finding ruin staring him in the face, resolved to quit Paris; and repaired to England, where he lived under an assumed name. In the meantime, Deslon, having been attacked on all sides for practising a doctrine that did not obtain the sanction of the Faculty of Medicine, demanded a Commission to investigate the matter. This was accorded by the Government, and the Commission was composed of physicians and members of the Academy of Sciences, among whom were Franklin, Lavoisier, and Bailly, three illustrious names; and in an admirable memoir drawn up by Bailly, the reporter, the futility of animal magnetism and the quackery of its author were completely exposed. During his sojourn in England little was known of Mesmer personally; he lived in obscurity, but he nevertheless succeeded in making some proselytes. He subsequently returned to his native country, where he continued to occupy himself with his works on animal magnetism, and died in 1815. His theory, however, did not die with him. He has had most ardent followers in France, and the mountebanks and charlatans made, and are still making, a good thing of it by acting on the credulity of the public. In England mesmerism does not seem to have taken deep root; except for the army of table-turners and spirit-rappers that sprang up on all sides no notice would have been taken of it, unless for purposes of amusement. Elliotson, however, in London, and Dr. Esdaile at Calcutta, endeavoured, about thirty years ago, to raise it to the dignity of a regular science, but owing to the systematic opposition they met with in the profession, in which the late Mr. Wakley took a conspicuous part, they failed lamentably, and the whole affair, with its different phases of catalepsy, somnambulism, and hypnotism, may be looked upon as a huge farce, practised on the imagination of hysterical and weak-minded individuals.

WILLS AND BEQUESTS.

THE Irish probate, granted at Dublin, of the will of Mr. Robert Tate, Surgeon-Major in the Army Medical Department, formerly Assistant Surgeon, 2nd Foot, of Rathgar, Dublin, who died on January 19th last, to Mr. James Tate and the Rev. Richard Tate, the brothers, and Mr. C. E. Hetherington, M.B., the executors, has been sealed in London, the personal estate in England and Ireland amounting to over £4800. The persons benefited by the will are the testator's widow, his said brothers and their children, his sisters, and two cousins.

The will of John Sutherland, M.D., retired Inspector-General of Hospitals, Bengal Army, who died on February 21st last, at Moray House, Lewland-road, Lee, Kent, was proved on the 1st inst. by Mrs. Frances Harriet Sutherland, the widow, the Rev. Arthur Lloyd and the Rev. William Elliot Oliver, the executors, the personal estate amounting to £700. The legatees under the will are the testator's wife and children.

The will of Roger Turner, M.D., of 4, Alma-place, St. John's Hill, Battersea, who died on January 3rd last, was proved on the 26th ult., by Mrs. Emma Turner, the widow, and sole executrix, to whom he gives all his real and personal estate. The value of the personal estate exceeds £2800.

The will and codicil of Charles Henry Stone, M.D., of 1, Victoria-road, St. Leonards-on-the-Sea, who died on the 3rd ult., were proved on the 29th ult. by Mrs. Ellen Stone, the widow, and Mr. Frank William Stone, the nephew, the executors, the value of the personal estate ex-

ceeding £3600. The testator bequeaths to his wife £300 and all his household furniture and effects absolutely, and he gives her a life interest in the remainder of his property; at her death the residue is given to his nephews and nieces.

The Scotch confirmation, under seal of the Sheriff Court of Aberdeen and Kincardine, of the deed of settlement of James Jopp, M.D., Deputy Inspector-General of Hospitals, formerly of the 72nd Foot, who died at Edinburgh on February 3rd last, granted to Messrs. William, Keith, and Charles Jopp, the brothers, and the executors nominate, was sealed in London on the 25th ult.; the value of the personal estate in England and Scotland amounting to more than £9000.

The following legacies have recently been left to hospitals and other medical charities:—Mr. John Alfred Edmeades of Hazells, Northfleet, Kent, £100 to the Gravesend and Milton Dispensary; Mrs. Helen Frances Clifton, formerly of Ripple Rectory, Worcestershire, but late of Weston-super-Mare, £1000 to the Worcester Infirmary; Mr. Willis Henry Lowe of Marlborough House, Lower Addiscombe-road, Croydon, his freehold residence, Marlborough House, to the Middlesex Hospital, and £200 each to the Hospital for Women, Soho-square, and the Croydon General Hospital.

PROSECUTION FOR FALSE CERTIFICATION OF DEATH.

ON Friday, the 12th inst., at the Thames Police Court, before Mr. Chance, Mr. Thomas Gray, M.R.C.S., L.S.A., of 12, Mountague-place, Poplar, Surgeon to the Poplar Union Workhouse, and holding other public appointments in the same locality, appeared to a summons, issued at the instance of the Medical Defence Association, charging him with having on the 28th of March last made a false certificate or declaration concerning the death of Minnie Lucy Wadsworth, under or for the purposes of the Births and Deaths Registration Act, 1874, contrary to the statute.

Mr. C. J. C. Pridham, solicitor to the Association, appeared to prosecute; the defendant was represented by Mr. Montagu Williams, barrister. Mr. Montagu Williams having stated that the facts would not be disputed, and that the only question before the magistrate would be as to the wilfulness of the offence,

Mr. Pridham proceeded to open the case. He called attention to the sections of the Act of Parliament relating to the case; and stated that the defendant had in his employ an unqualified assistant of the name of Bell, who attended the child Minnie Lucy Wadsworth from the commencement of her illness to its termination, which resulted in the child's death on the 26th March last, she not being seen by any other person. On the 25th March the mother applied for a certificate of death, and received one signed by the defendant, in which the defendant stated that he had attended the child, that he last saw her on the 26th March, and certified the cause of death as pertussis. Mr. Pridham asked what was the motive the defendant had which induced him to stain his conscience to make that false representation to the Registrar-General? If the cause of death had not been certified by him as a registered medical practitioner, none other being capable of certifying under the Act, one of two things would have happened—either the death would have been entered as uncertified or an inquest would have been held, and in both such events it would have become known to the parents of the child that they had not received qualified medical assistance, although they had paid for it. Therefore, when a death occurred under the same circumstances as this, the medical man employing the unqualified assistant was compelled to sign the certificate of death to keep up the deceit, and in consequence a false state of facts was returned to the Registrar-General, and the objects of registration were entirely frustrated.

Mr. Montagu Williams said that he could not deny the facts, but his client had erred in ignorance of the law, and he was a gentleman of position. Although the assistant, Mr. Bell, had no legal qualification, he had had great experience, and patients were safe in his hands. There had been no intention on the part of the defendant to deceive.

Mr. Chance said that it appeared to him, from the opening of the learned gentleman who appeared for the prosecution, that a serious offence had been committed by the defendant, and inquired whether Mr. Pridham was content to accept a plea of "Guilty." Mr. Pridham replied in the affirmative, stating that his clients had no vindictive feeling in taking up these prosecutions, their object being merely to establish important matters of principle, such as were connected with the present case. Mr. Chance said the case was clearly made out to his mind, but as the prosecution was not pressed he would impose a fine of £5, and two guineas costs.

Correspondence.

"Audi alteram partem."

ON THE PROPHYLACTIC TREATMENT OF SCARLATINA AND OTHER ZYMOTIC DISEASES.

To the Editor of THE LANCET.

SIR,—I fancy that it has been my lot to attend a larger number of cases of scarlatina than falls to the share of most practitioners, and in addition to this, my having for many years held the post of medical officer of health in an urban district has brought an immense number of cases under my notice that were under the care of other medical men; and I have often felt, as probably many others have, how sad it was to think that if one member of a family contracted scarlatina, the best of sanitary precautions were generally adopted too late to prevent some of the other members from taking it, because they had been exposed to infection before the disease was discovered. It has appeared to me to be most humiliating to our art to see a family of happy children enjoying themselves, while we feel convinced that probably in a few days some or all of them will be prostrated with scarlatina, which may possibly be fatal to one or more; meanwhile we look on helplessly during this incubative period, unable to avert the inevitable. Ultimately the friends seeing the uselessness of sanitary precautions, because applied too late, despise them accordingly. However, during the last few years I have been able to satisfy myself that we were by no means so impotent as we appeared. I suppose there can be little or no doubt of the correctness of the germ theory as regards scarlatina as well as other infectious diseases, and probably ere long we shall be able to find the scarlatina bacillus, or bacterium, though I believe nothing of the kind has yet been exemplified. During the last two or three years I have endeavoured to arrest the probable development of germs in the blood which takes place during the incubative period. Some years since I read in your columns a statement to the effect that it was impossible to vaccinate successfully a person who was being treated with arsenic, and knowing how long a body injected with arsenic resists decomposition, and that the same is said to occur with the body of a person poisoned with arsenic, it seemed to me that by treating a person who was exposed to infection with it, it might by its antiseptic action render his body an unfavourable nidus for the multiplication of the scarlatina germs. Again, the use of arsenic in cases of malaria and ague is well known, and this would seem to support my theory. I accordingly, when called to a case of scarlatina, at once began treating all members of the family with this drug whom I thought susceptible of the disease. I was quite aware that its prophylactic action in these cases was not altogether a novel idea, still it has attracted little attention, and I had never seen it tried. It soon appeared to me that there was something in it, and though it is difficult to prove *post hoc ergo propter hoc*, yet I have tried it now in a large number of cases, perhaps nearly a hundred, where people, or rather I should say children who had not previously had scarlatina, had very recently been clearly exposed to infection, and with this result, that in only two cases did scarlatina follow. In these two I had but a very short time in which to give the drug, and both cases were extremely mild, one was so excessively mild that the child could not be said to be really ill, and was as lively as ever, playing about the whole time. In some of these cases the isolation of the sufferer was not very thoroughly carried out.

A short time since I had the opportunity of trying the same treatment on two of my sons who were exposed to an

outbreak of diphtheria which occurred in their school from escape of sewer gas into their dormitories, and which prostrated five or six boys, being fatal in two instances. When I took them in hand they were removed from school, and the eldest was not well, but was already complaining of a little soreness in his throat. In about six days he showed two small but most unmistakable patches of diphtheritic false membrane on his fauces, though his temperature never rose above 100° F., his health and spirits scarcely flagged, and he was able to keep about and even walk the whole time, and in two or three days was quite well.

Thus from what I have seen I am certainly of opinion that if we have sufficient time to exhibit arsenic fairly during the incubative stage of scarlatina, and probably of diphtheria too, we may succeed in averting either disease, or failing that, of modifying both to such an extent that they are robbed of their terrors and reduced to mere trivial ailments. I have been in the habit of giving the ordinary liquor arsenicalis, B.P., for obvious reasons pushing it at first about three times a day in as large a dose as I could safely give according to the age of the child, and subsequently slightly reducing the dose. I have usually given with it fifteen minims to half a drachm of sulphurous acid with a little syrup of poppy. This makes a pleasant mixture, and children take it well; in fact, one has to caution parents against giving it too often. It produces no ill effects. Of course I generally see that the various functions are in good order, though I really believe this is quite secondary.

It appears to me that this plan of prophylactic treatment might be adopted in other diseases, and that even hydrophobia might possibly be averted if a person who was bitten could be treated with some such septicide for a fortnight. Much light might be thrown upon this subject by experiments on animals by inoculating several with the hydrophobic virus and subsequently treating a certain number as I suggest, watching the results. Should you think this letter worthy of publication, I shou'd be glad if gentlemen who in any way adopt my suggestions wou'd record the results.

I am, Sir, yours truly,

Finchley New-road, N.W. WALTER G. WALFORD, M.D.

THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—As an old life member of the London Society for the Relief of the Widows and Orphans of Medical Men, and as a member of the Kent Medical Benevolent Society, I ask your permission to reply to the letter of Mr. Charles Hawkins, published in THE LANCET of May 13th.

It appears to me that the adoption of his proposal to extend the benefits of the London Society to all medical men practising in England and Wales who might become members thereof, would not only be unwise, but also a breach of faith with those who joined the Society many years since on the express understanding that only members of the profession practising in London and its suburbs were eligible. Such an extension would probably bring in a large increase of applicants for relief without a corresponding increase to the income of the Society. I, therefore, hope that the directors will not entertain or accede to such an alteration of the rules. Moreover, it is unnecessary, because in many of the English counties societies of a similar character are in existence, and, consequently, any increase of members which the London Society might gain by an alteration of its constitution, would be at the expense of county societies having similar objects in view. For instance, the Kent Medical Benevolent Society has been in existence since 1787, and has done a vast amount of good in the way of relieving, not only distressed widows and orphans, but also medical practitioners who, through calamity and misfortune, have required assistance.

At the same time, I quite agree with Mr. Hawkins that it is much to be regretted that during the last few years the medical practitioners of London have not joined the Berners-street Society in larger numbers; and I hope that the effect of Mr. Hawkins's letter will be a large increase of members, not only of those who are likely at some future time to derive benefit from the Society, but also of those members of our profession who are in the enjoyment of wealth and affluence. There must be but very few practitioners in the great metropolis who could not afford to subscribe two guineas a year to such an excellent Society.

I am, Sir, your obedient servant,

JOHN MARSHALL, L.R.C.P. Lond.,

Dover, May 16th, 1882. Hon. Surgeon to the Dover Hospital.

To the Editor of THE LANCET.

SIR,—I hope I shall not be trespassing too much on your space if I write my experience of the Society in question, and I have no doubt mine is that of many more country practitioners. Some years ago, when I found myself the father of a family of eight children with a poor hard-working practice producing an income of from £500 to £600 a year, I looked about me and bethought myself of the prospect staring my wife and children in the face, in case of my death; the prospect to me seemed to be simply that of starvation or the workhouse. I resolved immediately to ensure. I am now paying £12 a year for £500 at death, which will bring in £20 a year. This small yearly premium is too much to spare out of my income, and I may not be able to keep up the payments; but such is my case, and there are many thousand men in the same position, men who would gladly join the Society if they had the power. This power is withheld from them. I have written to the above Society, or one like it, for I am not quite sure to which Mr. Hawkins is alluding, and the answer I received was: "You are not eligible because you live out of London." This is my experience of what would be a society of immense use and benefit if its protection were extended to the poor medical men outside that wealthy metropolis, London.

I regret the Society decline to give assistance to a widow and her children so long as she is in receipt of £50 a year; for although such a sum may keep life in them, it cannot possibly educate five or six children. That rule might stand in case of a widow without children, but each child ought to have a claim—say £20 for each until it reaches the age of eighteen or nineteen. I believe, moreover, that the resources of the Society might be so developed as to make occasional "grants" or "loans," on proper security, to help the sons of medical men to qualify. Speaking in the name, if I may do so, of those hard-working and poorly paid medical men scattered through the agricultural districts of England and Wales, I say the existence of this Society is unknown. There is little doubt that if it were brought prominently before us and the public, and its doors were thrown open, it would immediately gain members and supporters, and its usefulness would be felt all over the land.

I am, Sir, yours truly,

Bromsgrove, May 16th, 1882. RICHARD WOOD.

RESPIRATORS AND INHALERS.

To the Editor of THE LANCET.

SIR,—I regret to find that Dr. Hunter Mackenzie considers that I have not done him justice in the matter of his excellent respirator. I am glad that Dr. Mackenzie has written in reference to the subject, and I feel the greatest pleasure in giving him the entire credit due to him. Of course Dr. Mackenzie is well aware that though there is considerable novelty in the mode of employing these respirators, there is really very little novelty in the method of their construction. Such things have been made in London for the past thirty years. Sibson devised a similar arrangement as far back as 1848. Next year Dr. B. W. Richardson, in conjunction with Snow, produced many very various forms for the use of anæsthetics, all of them having valvular ingresses and egresses. Dr. Richardson was the first in 1849 to replace metallic by caoutchouc valves.

Five and twenty years ago Dr. Murphy, my old teacher of obstetrics, of University College, London, introduced a form of instrument having a chamber with cap, as well as in-and-out valves, curiously like Dr. H. Mackenzie's.

Dr. Mackenzie will remember that my paper dealt with inhalants more than with inhalers, and that I ventured to criticise the construction rather than the conception of his instrument. In the examples I had seen the orifices were too small, the valves so thin as to readily curl up, the cap-

holes too scanty, and the cloth padding prone to retain and then to convey infection. (Meyer and Meltzer's modification of the Mackenzie respirator in celluloid is even better in respect of cleanliness, especially since they have adopted my suggestion of discarding india-rubber and using exclusively non-absorbent and incorrodible materials. It is an elegant affair, but its price puts it out of the reach of the poor.) These four points I got Mr. Krohne to alter; but I lay claim to no originality whatever; I merely state that Messrs. Krohne and Sesemann now produce a very complete article at so low a cost as to be within the reach of the necessitous class.

I am sure we are all very grateful to Dr. Mackenzie for the valuable additions he has made to our knowledge of these matters. So far from desiring to palm his respirator off as my own, when I showed the improved form to members of the British Medical Association it bore as a label the words "Krohne's Mackenzie" only, my own name not appearing at all. I need scarcely say that I have authorised no firm to use my name as an advertising medium. I feel sure, Sir, with your love of what is fair and right, you will give this an early insertion, and oblige,

Yours obediently,

May 18th, 1882. EDWARD BLAKE.

THE NEW REGULATION AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Will you allow me a short space to protest against the above regulation, as it affects the method of apprenticeship? With all the exceptions, &c., which, as you have pointed out, almost nullify its object, there is nothing save Rule 3, which I think will only help the ignorant, to exempt an apprentice from it.

I feel most strongly that men who have had a year or eighteen months in the country, with free accession to a workhouse or infirmary, ought certainly to be exempt from this regulation, and to illustrate this I will mention the case of a gentleman well known to me.

A. B. passed the First College in his second summer session, July, 1880, and intended to present himself for the final examination in July, 1881; domestic reasons delayed his final till November, 1881, when he passed, and has since taken the L.R.C.P. Lond., and is now earning his own livelihood. He had been apprenticed for a year in the country before he entered at the hospital. Now, according to this new regulation, he could not go in until the coming July, and a year or more of his life would be thrown away. Why, then, is no provision made? Doubtless the Council consider that our only knowledge is gained at the hospital, and ignore altogether the country practitioner, and look upon apprenticeship as a useless pastime. All I can say is that I always look back upon my apprenticeship as one of the most valuable periods of my professional career, during which I attained much sound practical knowledge, which is not to be gained at a hospital. As you say, a great amount of our time at the hospital is absorbed in attending these "grinds," which consist almost entirely of the college "tips" (we never hear of the "tips" at other examinations), with which we are primed even to within the last few moments of our examination, in the hope that "we may keep up the average of the hospital."

Well, Sir, the outcome of all this, so far as I am able to judge, is that it is not by altering the time of attendance at a hospital, but by a thorough investigation into and readjustment of the system of examining that the tone of the profession is to be raised.

It is a matter of constant occurrence at the College that men with a good sound knowledge of their work get "plucked," and, on the other hand, men with an amount of knowledge that almost amounts to *nil* get through, to the utter astonishment of their fellow-students and their teachers, who are some of them examiners.

If the examination were made more thorough and divested of the "tips," which baffle sound men and give a loophole to the ignorant, we should have far better men in the profession than we shall have by adding another year's time on to the professional course, already quite long enough, and often taxing to the utmost the pecuniary resources of talented men, who can now, by the method of apprenticeship, get through in three years, and who would prove at a fair examination that they were more fit, both practically and theoretically, to follow their profession than many who have spent their four or five years at a hospital.

Now that I have my pen in my hand, perhaps I may be permitted to speak of another grievance at the College. I refer to the treatment we are subjected to at the hands of the minor officials. It is common to hear men say, "At the College of Physicians we are treated as gentlemen, at the College of Surgeons as pickpockets;" and, to end with, we are attacked by a clerk when we go up for our diplomas, and the weaker of us worried into buying photos of the examiners—for *his* benefit I presume.

I do not urge this against the Council, for I feel confident they only need to hear of it to make a thorough investigation into the matter; they cannot but remember that they once had to go through a similar ordeal, but one which I venture to think might be made almost pleasurable.

In conclusion, I must thank you for the space, and express the hope that the Council will think fit to make some provision for such cases as I have mentioned.

I am, Sir, yours truly,

April, 1882. M.R.C.S.

PUTRID CALF LYMPH.

To the Editor of THE LANCET.

SIR,—In reference to Dr. Longhurst's letter in THE LANCET of May 6th, as to the special purity of calf vaccine lymph, permit me, as a warning to others, to record a fact, which I have hitherto failed to find stated in the English and foreign literature of vaccination.

On the 21st of May, 1881, after many previous satisfactory trials and purchases of a popular continental source of calf lymph, I received with others a capillary tube of vaccine calf lymph, which I kept carefully in a cool dark drawer till the 18th of July, 1881, or just two months, and upon blowing the calf lymph on to a clean glass microscope slide, I was forcibly struck by its powerfully putrid stench. Of course I did not vaccinate with this sad specimen, which after a very careful microscopic examination did not reveal any contamination by blood-cells.

Having already spent upwards of a year in carrying out original experiments with the view to produce artificial vaccine lymph free from all septic or noxious germs, I venture to hope that you will allow me later to state in your columns the results of my observations, for the criticism of your numerous scientific and practical readers.

I am, Sir, your obedient servant,

J. LAWRENCE HAMILTON, M.R.C.S.

Gloucester-terrace, Hyde-park, W., May 8th, 1882.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Longhurst's letter it can be conscientiously asserted that a trace of blood, which sometimes can be detected in calf lymph, is perfectly harmless. Foot and mouth disease, like all the other infectious diseases, are so easily recognised, they are ushered in with so considerable a rise of temperature, that it is practically impossible that a calf thus affected might be used for production of lymph. Diseases, even wounds, in a calf, are, moreover, sufficient to interfere with the development of proper vesicles; this, and the use of the thermometer, afford sufficient safeguards against risks from animal diseases, and no case of accident has ever been known to occur therefrom.

The clamp, far from being the cause, is the best means not only to collect the lymph, but also to prevent the flow of blood during collection. When the clamp is properly applied to the base of the vesicle, a small drop of blood appears, which must be wiped off; the following lymph is usually quite clear, as it is separated by the clamp from the general circulation. The old practice of cutting off the whole vesicle is quite abandoned (the lymph must have contained a large amount of blood with it), while puncturing the vesicles is quite inefficient and useless, as no lymph can thus be made to flow.

I am, Sir, yours respectfully,

Marylebone-road, N.W., May 9th, 1882. CH. RENNER, M.D.

SIR WILLIAM MUIR, K.C.B.

To the Editor of THE LANCET.

SIR,—In your last issue you give an interesting account of the life of the late Director-General of the Army Medical Department, and mention he has just retired from the service, leaving the department "in a contented state, with greatly improved pay, retirement, position, and conditions of service." I have been for some time expecting to see some proposal made through THE LANCET by which the members of the Army Medical Department might be enabled to mark their appreciation of the great services rendered to them by their late Director-General; and as I have looked in vain for such proposal, I trust you will publish this letter in your next issue, that the idea may be taken up and a committee formed to place the matter before the members for their approval.

Yours obediently,

May 17th, 1882. F.R.C.S.

THE CARRIAGE TAX.

To the Editor of THE LANCET.

SIR,—I am very glad to be able to inform the profession (through your columns) that Mr. Harday, the member for Forfarshire, intends, after the second reading of the Customs and Inland Revenue Bill, to put an amendment on the paper for Committee embodying an exemption for the medical profession, and I sincerely hope the medical members of Parliament will give him their support in his generous efforts on our behalf.—I am, Sir, your obedient servant,

ROBERT SINCLAIR, M.D.,
Secretary, Forfarshire Medical Association.

Dundee, May 15th, 1882.

PARIS.

(*From our Special Correspondent.*)

DEATH OF SIR JOHN ROSE CORMACK.

THE English Colony in Paris have experienced a great loss by the death of Sir John Rose Cormack, which took place on the 13th inst. Sir John was the son of a Scotch minister. He received his medical education at Edinburgh, and took the degree of doctor of medicine in 1837. For many years he practised in that city, giving considerable attention to the scientific part of his profession, and holding the office of physician to the Royal Infirmary. It was then that he founded the *Edinburgh Medical Journal*, which was known familiarly at the time as "Cormack's Journal." Amongst Sir John's writings may be mentioned an important treatise on the epidemic fever which prevailed in Edinburgh and other towns in 1843, different papers on cholera, nephritis, and various gynæcological questions. These, together with some dissertations on the reflex convulsions of infancy, on different questions connected with diphtheria, a graduation thesis upon air in the organs of circulation, and other subjects, were afterwards reprinted under the title of "Clinical Studies." At a later period Sir John Cormack left Edinburgh and settled in London, but ill-health obliged him to abandon his practice, and for some years he resided at Orleans. In 1870 he came to Paris. Unlike the majority of English practitioners, Sir John Cormack did not feel that it was any indignity to be re-examined by the French School, for he knew that he was able to satisfy the examiners. As a result of his examination he became a doctor of medicine of the Faculty of Paris. Two years later the London College of Physicians elected him to the Fellowship. Soon after settling in Paris troublesome times arose. The Franco-German war broke out, and Paris was besieged and taken. Then followed the Commune with all the horrors of civil war. During these eventful times Sir John remained steadfast to his post, and rendered great services both to his own countrymen and to the French. He was an assiduous worker at the British Charitable Fund, and helped the poorer English through the difficulties and privations of the siege. Sir Richard Wallace having founded an English ambulance, the surgical section was placed under Sir John's charge. He proved his capacity for the post by the success of his operations. The siege and Commune over, Sir John, at that time only Dr. Cormack, received the honour of knighthood, and was made a Chevalier de la Légion d'Honneur. For the last ten years Sir John Cormack has held the first place amongst the English members of the medical profession in Paris, and his merits were recognised by his appointment to the Physiciancy of the Hertford British Hospital, which post he occupied until his death. For some time past it was evident that his health, which had been sorely shaken by domestic affliction, was seriously impaired. Towards the end of the winter a change of climate was advised, and Sir John went to pass a few weeks in the South of France at Monte Carlo. After his return to Paris his illness increased, and a few days before its fatal termination he was taken with hæmaturia and symptoms of uræmia. Notwithstanding this, his mind was quite clear, and it may be mentioned as characteristic of him that the last time he saw his old friend and physician, Professor Ball, he greeted him with the words of the gladiator about to fight his last battle—"Morituri te salutant." Sir John Cormack will not easily be forgotten in Paris. His honest, upright character, no less than his professional attainments, had earned for him the respect of all classes. By his friends and patients he will long be remembered as a good physician, and by the medical profession as a good *confrère*.

Obituary.

WILLIAM PRATT, M.D., F.R.C.S.

NEWTOWN, Montgomeryshire, has lost a talented member of our profession by the death of Dr. Pratt, which occurred, after a short illness, on the 6th inst. Dr. Pratt studied at Aberdeen University, of which he was M.A., taking the degree of M.D., with highest honours, at Liège in 1864. He became a Licentiate of the College of Physicians, London, in 1865, and in 1877 took the Fellowship of the College of Surgeons of England, besides holding other diplomas. He was Medical Officer of Health and Medical Officer to the Newtown District and Llanidloes Union, &c., and Surgeon to the Montgomeryshire Infirmary. He has from time to time contributed many articles of interest to these columns. His life was a thoroughly active one, and he died, as many other distinguished medical men have died, at his post, working in the interests of the profession he so dearly loved, until struck down by the disease which, there is little reason to doubt, was contracted in the discharge of his duty. For some weeks he had been unremitting in his attentions upon a severe case of pneumonia in a part of the town where the drainage was imperfect. This he was enabled to remedy to a great degree; but the anxiety and constant strain upon his mind led to much prostration of strength, and he was obliged to give up work for what his friends hoped would be a revigorating rest. But after a few days' confinement to bed symptoms of pneumonia rapidly developed, and ultimately both lungs became involved. This, however, did not cause anxiety, as he took nourishment well, and did not lose ground until Saturday, when graver symptoms appeared, expectoration becoming most difficult, and within an hour he succumbed, apnœa being the immediate cause of death.

The infirmary in which he took a keen interest has lost one of its best supporters; for besides his medical duties, Dr. Pratt was ever ready to promote any scheme that suggested itself for the welfare of that institution. To him is due the establishment of "Infirmary Saturday" in the town, by which a considerable amount is annually raised; and in many other ways he showed that versatility of talent he so largely possessed and used for the benefit of others. He was a good, true, honourable friend, and to young men a kind, wise, and gentle counsellor; in him they have lost an example of what a man should be. He was a good scholar, loving knowledge for its own sake; and in the intervals of practice only changed the kind of work, not giving up work itself, but continually reading or writing upon some subject of importance. A favourite motto of his was "Res mentem dicit"; and by his actions he proved that a well-regulated masterly mind could accomplish many things that to others less able would present insuperable difficulties. He lived for a profession that to him was life, and he has died at the comparatively early age of fifty-one in full assurance that he has not spent that life in vain

MEDICAL NOTES IN PARLIAMENT.

Patent Medicines.

IN the House of Commons on Friday evening, the 12th inst., on the order for going into Supply, Mr. Warton called attention to the sale of patent medicines, especially those containing chloral and other dangerous ingredients, and recommended that the traffic should be placed under greater restrictions. He advocated—first, a label upon all patent medicines indicating that the Government stamp was no guarantee of their quality; and next, a greater check upon the dispensing of poisons through the medium of such medicines. Dr. Farquharson concurred in the opinion that further protection for the public was required. Many accidents had taken place in consequence of the sale of poisons under the guise of patent medicines. Mr. Hibbert, on behalf of the Government, was not prepared to give a decided opinion as to the continuance of the present system of selling patent medicines, but the question was worthy of consideration. He agreed that it should be made clear that the Government stamp afforded no guarantee of genuineness, also that medicines containing poison should be so labeled. The subject then dropped.

Army Hospital Corps.

In Committee of Supply, on the vote of £300,800 for the Army Medical Department, Sir R. Loyd-Lindsay expressed an opinion that the Army Hospital Corps was not working satisfactorily. He also suggested that a large number of female nurses should be engaged for hospital duty. Mr. Childers, in reply, said he was not satisfied with the reports which reached him as to the efficiency of the Army Hospital Corps, and he would inquire into the subject. The vote was agreed to.

Coffee Mixtures.

On Monday, in reply to Mr. Redmond, it was stated by Mr. Gladstone that the Revenue Department were not aware of any patent rights in coffee mixtures which would be annulled by the new Budget proposals, but if there were any such rights they should be brought under the notice of the department.

On Tuesday, petitions in favour of the Union Officers' Superannuation (Ireland) Bill were presented from the south of Ireland branch of the British Medical Association, and the parish of Clonakilty.

On Wednesday, a petition in favour of the Infectious Diseases Notification Bill was presented from Sheffield, and one against the measure from Dewsbury. The second reading of both the English and Irish Bills was deferred for another week.

Lanarkshire Lunacy Asylum.

On Thursday, Mr. Anderson asked the Home Secretary if the Committee of the Lanarkshire District Board of Lunacy had selected a site for a new asylum thirty-six miles distant from Glasgow, notwithstanding that a large proportion of the inmates would necessarily belong to Glasgow; and whether, seeing that site would involve much cost in travelling, and both cost and inconvenience to friends visiting the inmates, he would have the matter reconsidered before the site was finally adopted.—Sir W. Harcourt said he had that morning received a communication from the Lanarkshire Board to say that they would postpone any further measures in reference to the proposed site until other sites had been examined. He did not know that he had any power in the matter, but he quite concurred in the advisability of reconsidering the question of the site.

CLINICAL HOSPITAL, CHEETHAM.—In announcing, at a late meeting of the Committee of Management of this hospital, the receipt of the bequest of £2000 under the will of the late Mr. Gottschalck, the treasurer stated that in order to perpetuate the memory of the donor it had been decided to invest the whole of the legacy in some suitable security, to be called the "Gottschalck bequest."

THE Finance and Improvement Committee of the City Commission of Sewers have recommended the bestowment of a gratuity of £450 on Dr. Sedgwick Saunders, the medical officer of health, for extra services in connexion with the carrying out of the provisions of the Artisans' Dwellings Act.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At the last meeting of the Council the following gentleman was elected a Fellow of the College:—

Edwardes, Thomas, Llansaintffraid, Oswestry; diploma of membership dated May 8th, 1835.

The following gentlemen, having passed the required examination for the Diploma, were admitted Members of the College at a meeting of the Court of Examiners on Monday last:—

Anderson, Daniel Elie, L.S.A., Mauritius.
Banerjea, Mahendra Nath, L.S.A., Calcutta.
Cadman, Arthur Wellesley, L.K.Q.C.P. Irel., Spondon.
Case, William, L.S.A., Wells, Norfolk.
Dearden, John Walter, L.R.C.P. Edin., Lowmoor, Yorkshire.
Jones, John, L.S.A., Euston-road.
Kenny, Frederick Hamilton, L.S.A., Norwich.
Lipscomb, Arthur Augustus, L.S.A., Forest Hill.
M'Dougall, H. A. Hosier, L.R.C.P. Edin., Winchester.
M'Millan, John Furse, L.S.A., St. John's Wood.
Russell, Michael Wm., L.S.A., Aberdare, South Wales.
Scarth, Isaac, L.S.A., Stanghow, Yorkshire.
Sinclair, John, L.S.A., Kingsclere, Newbury.
Stoker, George, L.K.Q.C.P. Irel., Cheyne Walk.
Watson, John Coatsworth, M.B. Aberd., Sunderland.

The following gentlemen were admitted Members of the College on Tuesday last:—

Allen, Frank James, B.A. Cantab., Shepton Mallet.
Aslett, Geo. Stratton, L.R.C.P. Edin., Oaklands, Carmarthen.
Berry, Harry Poole, Amwell-street.
Booth, John Henry, Chesterfield.
Buckell, William Robert, Romsey, Hants.
Corner, Edward, L.R.C.P. Edin., Bath.
Fox, Robert Fortescue, L.S.A., Stoke Newington.
Green, George Richard, L.R.C.P. Edin., Modbury, Devon.
Hosker, James Atkinson, Dalston.
Hubbard, Frederick Edmund, Margate.
Knowles, Herbert William, St. Helens, Lancashire.
Martin, S. H. Cox, Kingston, Jamaica.
Phillips, Henry Astley, L.S.A., Leinster-square.
Skeek, Francis de Courcy, Barbadoes.
Sloggett, Henry Maxwell, L.R.C.P. Edin., Godalming.
Walker, John William, Wakefield.
Waugh, Henry Dunn, Stockwell.
Wilkin, Loftus Ralph, L.K.Q.C.P. Irel., Rathmines.
Williams, R. D. Delahaye, Llanedy, Carmarthen.

The following gentlemen were admitted Members of the College on Wednesday last:—

Clegg, Joseph, Flixton, Manchester.
Collyns, Robert John, Moorgreenhampstead.
Davies, William, Llechwedd, Aberystwith.
Hopkins, John Walter, Leeds.
Moreton, John Smith, Tarvin, Chester.
Wheatly, Arthur William, Bralles, Warwickshire.

The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on the 11th, 12th, and 13th inst.:—

William E. C. Musson, Reginald T. Bowden, Thos. M. Beale, Frank S. Barnett, Ernest Noad, Robert T. Featherstonehaugh, Edward S. S. Davis, Frederick W. Morison, Francis H. Thornton, Edmund A. W. Hope, Chas. E. Robbs, Harry H. Fisher, Edw. Vaughan, and Wm. H. Ball, St. Bartholomew's Hospital; Sidney R. Alexander, Edmund K. Alderson, Frank W. Mawby, John Emery, and Francis R. Humphreys, Guy's Hospital; Philip M. Scatliff and Henry P. G. Elkington, St. George's Hospital; Frank Harvey, Fredk. J. Jaynes, and William Wise, Middlesex Hospital; Thos. W. Morgan, William H. Kelson, and John James, London Hospital; Duncan M'Arthur, Herbert T. Bury, and Edmund J. Sheppard, University College; Henry G. L. Stevens, Charing-cross Hospital; Harry H. Lovell, St. Mary's Hospital; Frank Verdon and Dins N. P. Datta, King's College; Herbert T. Crosby, St. Thomas's Hospital; George Greenwood, Westminster Hospital.

Of the 167 candidates examined during last week, 56 failed to satisfy the Board, and were referred for three, and 5 candidates for six, months' further anatomical and physiological study.

The Primary Examination in Anatomy and Physiology, which commenced on March 31st, was brought to a close on the 13th inst. The total number of candidates examined was 619, of whom 457 were successful. The number examined during the corresponding period in 1881 was 543, of whom 380 passed.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—The following gentlemen have been elected Members (or been made M.R.C.P.E.) of the College:—

Addis, Philip, Iver, Bucks.
Dixey, Arthur Crosbie, Burton-on-the-Water, Gloucestershire.
Duncan, John Thornton, Stamford, Lincolnshire.
Dunkley, William Wilberforce, Coventry.
Elias, Thomas Atkinson, Southport.
Fenton, Frederick E., Ealing.
Fernandes, Alexander Salvador Sabina, Mangalore, India.
Fraser, Fredk. Wm. Dyce, M.B., Chester-street, Edinburgh.
Grosvenor, George Fox, M.D., London.
Harris, William, Norwich.
Lovell, William Day, Bradford-on-Avon, Wiltshire.
Lycett, John Allan, M.D., Wolverhampton.
Parker, Hibbert Sullivan, Putney.
Parkinson, Richard Thomas, Manchester.
Ritchie, James, M.B., Northumberland-street, Edinburgh.
Simpson, Walter Samuel, Worthing, Sussex.
Smith, George Daniel, M.B., Leith.
Steele, Warwick Charles, London.
Storrs, Arthur, Bury St. Edmunds.
Sutton, Thomas, Manchester.
Taylor, William Charles Everley, Scarborough.
Vacher, Francis, Birkenhead.
Williams, Henry Clarence, Manchester.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 11th:—

Dyson, Herbert Jekyl, Tyndale-place, Islington.
Fox, Robert Fortescue, Lordship-terrace, Stoke Newington.
Jones, Owen Clayton, Philpot-street.
Potts, Walter Alfred Beever, Amersham, Bucks.

The following gentlemen also on the same day passed the Primary Professional Examination:—

Alfred Munckton, University College; Arthur Joseph Carter, Guy's Hospital; Arthur Wm. G. Thomas, Charing-cross Hospital; Thomas Harry White, St. Bartholomew's Hospital.

PROFESSOR PIROGOFF is stated to have left property at his death equal in value to about £73,000.

THE Wolverhampton and Staffordshire Hospital and the Wolverhampton Eye Infirmary have each benefited to the extent of £1000 by the will of the late Mr. Edward Pugh.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.—There have this session been eight new entries for the full course at this College, making the total entries of full students for the year thirty-nine. There have been six new entries for part of the curriculum, making a total of forty students who have this year entered here for the Degrees in Medicine.

THE BRUSSELS M.D.—At the recent examination for the degree of M.D. of the University of Brussels, Mr. Herbert Collier, L.R.C.P. Lond. and Edin., M.R.C.S., and L.S.A. Lond., came out first with "grande distinction" in the first doctorate, first with "distinction" for the second doctorate, and, finally, first with "grande distinction" for the third doctorate, which carried with it the degree of the University.

THE METROPOLITAN FREE HOSPITAL.—The Lord Mayor, presiding at the anniversary festival of this charity on the 8th inst., said the hospital had arrived at a new era in its history. It was driven from Devonshire-square, where it was formerly located, by the railway company, which required its site. It removed to Bishopsgate-street, and was driven away by the railway company again. To compensate them for these removals the railway company had given them £25,000, which formed the basis of a fund for the erection of a new hospital, but there would be little use in erecting a new hospital unless the annual subscriptions were not only kept up, but increased. Mr. Joseph Fry, in proposing "The Stewards," said they were in treaty for a site, and intended to erect a new hospital to accommodate 150 patients. In the course of the evening a list of subscriptions was read amounting in the aggregate to nearly £2000.

THE NORTH-WESTERN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—At the last monthly meeting of this Association, a letter was read from Dr. Armstrong, hon. sec. of the Northern Counties Association, referring to the proposed joint memorial of the associations with reference to the supply of the official reports of the Local Government Board, stating that his Association would sign the memorial. Dr. Vacher, hon. sec., exhibited a portable air-impurities extractor. It consisted of two cylinders, each furnished with a tap and one fitting within the other, the outer acting as a stand and receiver to the other. The capacity of the smaller cylinder is 1000 cubic centimetres. This is filled with water and communicates above with a glass tube terminating in a brass trumpet mouth which screws off and on. The narrow opening of the mouth is about one-sixteenth of an inch in diameter, and just behind this within the glass tube is a small metal holder for receiving a thin piece of glass coated with gelatine. On opening the tap of the cylinder air is drawn through the trumpet mouth, replacing the water in the cylinder, and all the contained impurities are deposited on the glass slip, and can then be examined under the microscope. The instrument is applicable for the collection of specimens of the air in the wards of hospitals, in overcrowded dwellings and sick rooms.

OWENS COLLEGE.—The draft scheme for the management and regulation of the fund bequeathed by Mr. Robert Platt for the foundation of scholarships in connexion with the study of Physiology has been prepared by the Charity Commissioners as trustees. There are to be maintained out of the yearly income under the trust two scholarships, to be called the "Platt Physiological Scholarships," each of the annual value of £50, or of such less sum as the income shall pay. The authorities may, however, in case of accumulation of existing funds, or accretion of fresh capital, raise the value of the scholarships. Each scholarship will be offered for competition in alternate years, care being taken that one of them may be open in each year. They can be competed for, in addition to Owens students, by persons who do not attend the College laboratory; but one condition of tenure is that the holder shall, for the first year, study in that laboratory, and in the second, in such other laboratory in Europe as the Council shall determine. In case the scholarships, or one of them, are not, for some satisfactory reason, bestowed in any year, the Council have the option of giving two exhibitions, value £15 each, at the end of the summer session of the medical department of the College, together with the £50 scholarships, these being entitled respectively the "Junior" and "Senior" Platt Exhibitions.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning, at the latest.*

BRADSHAW, OSWALD G. D., L.R.C.P.Lond., M.R.C.S., has been appointed Clinical Assistant to the Royal South London Ophthalmic Hospital, vice Rose, resigned.

CARSON, STEWART, jun., M.B., C.M.Ed., has been appointed Medical Officer for the Southern District of the Haltwhistle Union.

CASEY, EDWARD, M.B., C.M.Aber., has been appointed Medical Officer to the Irlam and Cadishead District of the Barton-on-Irwell Union.

COTTON, CHARLES, M.R.C.P., M.R.C.S., has been appointed Surgeon to the Admiralty Sick Quarters at Ramsgate, vice J. B. Thomson, M.R.C.S., resigned.

FISHER, FREDERICK C., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the King's Langley District of the Hemel Hempstead Union.

FLYNN, EDMOND P., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Junior House-Surgeon to the Sunderland Infirmary, vice Whitehouse, promoted.

GREAVES, CHARLES AUGUSTUS, M.B.Lond., M.R.C.S., has been appointed Medical Officer to Her Majesty's Prison, Derby, vice Baker, resigned.

GUTTERIDGE, EDWIN PARKER, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the St. Peter's District of the Maldon Union, vice May, resigned.

HACKMAN, LEONARD K. H., L.R.C.P.Ed., L.R.C.S.Ed., L.S.A.Lond., has been appointed Medical Officer to the Provident Dispensary of the Royal Portsmouth, Portsea, and Gosport Hospital.

HAMMOND, THOMAS, L.R.C.P.Lond., M.R.C.S., L.S.A.Lond., has been appointed Resident Clinical Assistant to the West Riding Lunatic Asylum.

HYNES, WM. HENRY, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Assistant Medical Officer to the Workhouse of the Ennis Union.

IRWIN, TIMOTHY WARREN, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Rosscarbery Dispensary District of Cork, vice Callanan, resigned.

KING, HENRY WILLIAM, M.D., C.M.Ed., M.R.C.S., has been appointed House-Surgeon to the Chester General Infirmary, vice Woodward, resigned.

MIVART, F. ST. GEORGE, L.R.C.P.Ed., M.R.C.S., has been appointed Surgeon to the City Dispensary.

OAKLEY, ADAM R. H., L.R.C.P.Ed., has been elected Assistant Resident Medical Officer to the Victoria Dock District Dispensary.

UBSDELL, HENRY, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer to the Rattery and Staverton Districts of the Totnes Union.

VOISEY, C. B., M.R.C.S., L.S.A.Lond., has been appointed Assistant Medical Officer to the Crumpsall Workhouse Hospital, Manchester.

WHITEHOUSE, J., M.R.C.S., L.R.C.P.Ed., has been appointed Senior House-Surgeon to the Sunderland Infirmary.

WOOLLETT, SIDNEY WINSLOW, M.R.C.S., L.S.A.Lond., has been appointed Junior Assistant Medical Officer to the Banstead Asylum.

Births, Marriages, and Deaths.

BIRTHS.

CHAMBERS.—On the 5th inst., at Wilmington-square, W.C., the wife of E. Chambers, M.B. &c., of a daughter.

EMERSON.—On the 12th inst., at 4, Park Side, Cambridge, the wife of P. H. Emerson, Esq., M.R.C.S., of Clare College, of a son.

MATTHEWS.—On the 9th inst., the wife of John Matthews, M.D., of Colebrooke-row, Islington, N., of a daughter.

MAXWELL.—On the 11th inst., at Lasswade, the wife of C. M. Maxwell, M.B., of a daughter.

PHELPS.—On the 6th inst., at Ashford, Kent, the wife of Philip Phelps, M.R.C.S., of a daughter.

READ.—On March 2nd, at Durham Court, Manilla, N.S.W., Australia, the wife of Dr. George Read, L.R.C.S.I. &c., of Gunnedah, N.S.W., of a daughter.

WILKINS.—On the 10th inst., at Castlehold, Newport, Isle of Wight, the wife of Robt. Bird Wilkins, Surgeon, of a son.

MARRIAGES.

CADGE—SUMMERS.—On the 1st inst., at Lucknow, William Hotson Cadge, L.R.C.P.Lond., M.R.C.S., of Her Majesty's Indian Medical Service, to Flora, fourth daughter of the late James Bowlas Summers, J.P., of Rosemoor, Pembrokeshire.

HARTLEY—NESS.—On the 11th inst., at St. Nicholas's Church, Norton, James Hartley, L.R.C.P., L.R.C.S., son of Charles Joseph Hartley, Esq., of Malton, to Amy Macdonald, second daughter of the late Rev. Henry Cooper, Rector of Nunnington, and widow of the late John Ness, F.R.C.S., of Helmsley, Yorkshire.

DEATHS.

BROWN.—On the 11th inst., at Rutland-street, Edinburgh, John Brown, M.D., LL.D., in his 72nd year.

CORMACK.—On the 13th inst., at his residence, 367, Rue St. Honoré, Paris, Sir John Rose Cormack, M.D., Physician to the British Hertford Hospital, M.D. of Paris and Edinburgh.

FREEMAN.—On the 11th inst., at Hove Villas, West Brighton, Thomas Anthony Freeman, M.R.C.S., L.S.A.Lond.

NORTH.—On the 11th inst., at Horsemonden, Kent, after a few days' illness, of pneumonia, John Cunningham North, M.B., C.M.Ed., eldest son of John North, Esq., of Brecon, aged 34.

ROBERTSON.—On the 14th inst., suddenly, at Over Darwen, Joseph Robertson, M.D., L.R.C.P., L.R.C.S., aged 53.

ROWLAND.—On the 16th inst., at Gloucester House, Malvern Wells, Worcestershire, Hugh Mortimer Rowland, M.D., in his 48th year. Australian papers, please copy.

THORNTON.—On the 7th inst., at the Royal Victoria Hospital, Netley, Daniel Thornton, Surgeon-Major, Army Medical Department.

WILLIAMS.—On the 17th inst., at Pant-y-Sift Sketty, Swansea, Owen Gething Williams, M.R.C.S.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

BOOKS ETC. RECEIVED.

ALLEN, W. H., & Co., London.
The Truth about Opium; being the Substance of Three Lectures. By W. H. Brereton. pp. 271.

BAILLIÈRE ET FILS, Paris.
Des Températures générale et locale dans les Maladies du Cœur. Par le Dr. Z. L. Sabatier. pp. 102.
Etude sur les Déterminations Gastriques de la Typhoïde. Par le Dr. Anatole Chauffard. pp. 108, avec deux Planches.
Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques. Tome XXXII., avec 53 Figures.

BATSFORD, B. T., London.
Lectures on the Science and Art of Sanitary Plumbing. By S. Stevens Hellyer. pp. 332, illustrated.

BENGAL SECRETARIAT PRESS, Calcutta.
Catalogue of the Pathological Museum, Medical College, Calcutta. By J. F. P. M'Connell, M.B., M.C., &c. pp. 734.

BERGMANN, J. F., Wiesbaden.
Fünf lustren Ophthalmologischer Wirksamkeit. Von Dr. med. Albert Mooren. pp. 304.

BOGUE, DAVID, London.
The New Handbook of Dosimetric Therapeutics. By Dr. Ad. Burggraeve. Translated from the French and edited by H. A. Allbutt, M.R.C.P.E., L.S.A. pp. 208.

CHURCHILL, J. & A., London.
The Human Brain: Histological and Coarse Methods of Research. By W. Bevan Lewis, L.R.C.P. Lond. pp. 163, Illustrated.
The Pharmacopœia of the London Hospital. Compiled under the direction of a Committee appointed by the London Hospital Medical Council. pp. 275.

COLLINS, Philadelphia.
Transactions of the Medical Society of the State of Pennsylvania. Vol. XIII., Part 2. pp. 400.

GRIFFIN & Co., London.
Foods: their Composition and Analysis. A Manual for the Use of Analytical Chemists and others. By Alexander Wynter Blyth, M.R.C.S., F.C.S. pp. 586, with numerous Tables and Illustrations.

JOHNSTON, W. & A. K., Edinburgh.
The Botanical Atlas. By D. McAlpine, F.G.S. Part I. Four coloured Plates.

KIMPTON, HENRY, London.
The Compend of Anatomy. By John B. Roberts, A.M., M.D. Second Edition, revised. pp. 198.

LEWIS, H. K., London.
A Practical Treatise on the Diseases of Children. By J. F. Meigs, M.D., and W. Pepper, M.D., LL.D. Seventh Edition, revised and enlarged. pp. 1055.

LOCKWOOD (CROSBY) & Co., London.
Modern Metrology: a Manual of the Metrical Units and Systems of the Present Century. By Louis d'A. Jackson. pp. 440.
Mechanical Dentistry. By Charles Hunter. Second Edition, Revised with Additions. pp. 268.

LONGMANS, GREEN, & Co., London.
Cookery and Housekeeping: a Manual of Domestic Economy for Large and Small Families. By Mrs. Henry Reeve. pp. 540, with 8 Coloured Illustrations and numerous Woodcuts.
Christ our Ideal: an Argument from Analogy. By the Author of "The Gospel for the Nineteenth Century." pp. 248.

MACLACHLAN & STEWART, Edinburgh.
The Physical Signs of Pulmonary Disease. By Graham Steell, M.D.Ed. pp. 92.

MACMILLAN & Co., London.
Dickens's Dictionary of London, 1882.
Dickens's Dictionary of Paris, 1882.
Dickens's Dictionary of the Thames, 1882.

MARLBOROUGH & Co., London. BEAL & Co., Brighton.
Transactions of the Brighton Health Congress, 1881. With Authentic Portraits, Maps, and Illustrative Diagrams. pp. 412.

SMITH, ELDER, & Co., London.
Manual of Pathological Histology. By Cornil and Ranvier. Second Edition, re-edited and enlarged. Translated, with the approval of the Authors, by A. M. Hart. Vol. I.: General Pathological Histology. pp. 648, with 281 Figures.
The Surgery of Deformities. By E. Noble Smith, F.R.C.S.Ed., L.R.C.P.Lond. pp. 280, with Illustrations.

WHITE, F. V., & Co., London.
Household Chemistry for the Non-Chemical. By A. J. Shilton, F.C.S. pp. 196.

The Supply of Water to our Homes; by R. F. Benham, M.R.C.S. (Churchill.)—Die Homöopathie und ihre Bedeutung für das öffentliche Wohl; von Dr. Johannes Rigler.—Revue des Sciences Médicales, Avril.—Zur Entwickelungs geschichte des spondylolisthetischen Beckens und seiner Diagnose; von Dr. med. Franz Ludwig Neugebauer.—The Baths of Tarasp-Schuls, Engadine; by Dr. J. Pernisch.—Annual Report of the Board of Health of the State of Louisiana for 1881.—The North American Review, April.—Congrès International de Laryngologie, 1ère Session, Milan, Sept. 1880; Compte Rendu, publié par C. Labus, Président du Congrès.—Index Medicus, Index to Vol. III.—De la Lithotritie Rapide; par le Dr. Reliquet.—University of London Calendar for 1882.—L'Hypermégalie et la Paralysie de la Luette et leur Influence sur la Voix; par Ch. Labus.—The Law of Kosmic Order; by Robert Brown, jun., F.S.A. (Longmans.)—On some Points in connexion with the Treatment of Sterility; by Dr. A. R. Jackson.—O Permanganato de Potassa; O Veneno Ophidico; pelo Dr. J. B. de Lacerda.—On the Rapid Method of Cure of External Aneurism by means of the Elastic Bandage, with a Table of 72 Cases; by A. P. Gould, M.S., F.R.C.S.Eng. (Kolckmann, London.)—Good Words, Sunday Magazine, for May. (Isbister.)—Untersuchungen über Verbrecher-gehirne; von Dr. Max Flesch.—Untersuchungen über die Grundsubstanz des hyalinen Knorpels; von Dr. Max Flesch. (Stuber, Würzburg.)—Meteorology of Cannes; by Dr. W. Marcet.—Beitrage zur Onychopathologie; von Dr. P. G. Unna in Hamburg.—Gl'Infermi spediti e curati nello Spedale della Conocchia nel 1881; relazione del Dott. C. L. Romanelli.—De l'Etiologie et de la Prophylaxie de la Fièvre Jaune; par le Dr. A. Corre.—Annales Medico-Psychologiques; par MM. les Drs. Baillarger, Lunier, et Foville.—Quack Doctors and their Doings; by J. S. Garrard.—The Cure of Epilepsy and of Inveterate Uterine Displacements; by W. Alexander, M.D., F.R.C.S.—The Great Apostacy; by Rev. F. du Saltoy. Second Edition.—De l'Electricité Statique et de son Emploi en Thérapeutique; par le Dr. P. Vigouroux. (Baillière, Tindall, & Cox.)—Victorian Year-book for 1880-81; by Henry Heylyn Hayter. (Ferres, Melbourne.)—The Germ Theory of Disease, applied to eradicate Phthisis from Victoria; by Wm. Thomson, F.R.C.S. (Sands & M'Dougall, Melbourne.)—The Mental Status of Guiteau; by Walter Channing, M.D.—The Meteorology of Cannes; by Wm. Marcet, M.D., F.R.S.—Contribution to the Study of Bacterial Organisms; by G. M. Sternberg.

METEOROLOGICAL READINGS.

(Taken daily at 5.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, May 18th, 1882.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
May 12	30·22	N.W.	58	52	108	67	50	..	Bright
" 13	30·24	E.	57	49	107	65	44	..	Hazy
" 14	30·31	E.	55	47	107	61	42	..	Cloudy
" 15	30·24	E.	49	45	101	56	40	..	Overcast
" 16	30·39	N.E.	52	45	106	61	37	..	Bright
" 17	30·47	E.	50	45	92	59	38	..	Cloudy
" 18	30·42	E.	52	48	95	63	41	..	Hazy

Medical Diary for the ensuing Week.

Monday, May 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

Tuesday, May 23.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor A. Gamgee, "On Digestion."
ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Sir H. Bartle Frere, "On Systems of Land-Tenure in different Countries."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. T. Holmes, "On Thyrotomy for the Removal of Foreign Bodies impacted in the Interior of the Thyroid Cartilage."—Dr. Felix Semon, "On Two Cases of Laryngeal Growths, in which the Neoplasms were successfully removed by Endo-laryngeal Operations, with the aid of the Galvano-Caustic Method."—Mr. Watson Cheyne and Mr. E. M. Nelson will exhibit Koch's specimens of the Bacilli of Tubercle.

Wednesday, May 24.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

Thursday, May 25.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.
ROYAL INSTITUTION.—3 P.M. Professor Dewar, "On the Metals."
HARVEIAN SOCIETY.—Mr. Osman Vincent, "On Cases of Hysterical Spine."—Mr. G. Eastes, "On Physiological Rest in the Treatment of Medical Cases."

Friday, May 26.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Sir Henry S. Maine, "On Sacred Laws of the Hindus."
CLINICAL SOCIETY OF LONDON.—Report of the Committee upon Hyperpyrexia in Acute Rheumatism.—Dr. Greenhow, "On Cases of Rheumatic Fever treated with Iodide of Potassium and Sulphate of Quinine."—Dr. Crocker, "On a Case of Prurigo of Hebra."—Dr. B. O'Connor, "On Cases of Ichthyosis involving the entire surface of the Body" (patients shown).—Mr. Golding-Bird, "On a Case of Congenital Hernia in the Adult; Radical Cure after Kelotomy."—Dr. S. Mackenzie, "On a Case of Lupus Psoriasis."—Dr. Churton (Leeds), "On a Sequel to a Case of Double Hæmorrhagic Pleurisy, with formation of Cholesterine."—Mr. Walsham will show a Case of Excision of the Wrist.—Dr. Althaus will exhibit a Case of Cerebro-Spinal Syphilis.

Saturday, May 27.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor D. Masson, "On Poetry and its Literary Forms."

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

Lectures, original articles, and reports should be written on one side only of the paper.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

CALLS TO ATTEND OTHER MEN'S MIDWIFERY CASES.

A. B. C. D.—In point of strict law undoubtedly D. is entitled to the fee. But supposing B.'s absence to have been reasonable or unavoidable, the neighbourly course would be for D. to divide the fee with B., and to restore, if he care, the patient to B. No doubt there is some hardship in having to attend the midwifery cases of a "perfect stranger" in the middle of the night, and medical men should not leave their midwifery cases without some clear understanding about an acceptable locum tenens. But the hardship of the course we recommend only makes it the kinder, and it may be D.'s turn some day to be away from home and to be met in a brotherly spirit by B.

PROTEST AGAINST UNQUALIFIED ASSISTANTS.

THE workpeople of the Ironworks of Shotts in Lanarkshire and the inhabitants of Dykehead have held a public meeting to protest against the employment of unqualified assistants. According to a report of the meeting in the *Airdrie Advertiser* many of the assistants who had been appointed to take "full charge" of the district had only been students. We think there must be some inaccuracy in this statement, and should like to hear Mr. Caldwell's explanation of the matter.

J. H.—The doctrine of evolutionary development not only does not contradict, but actually presupposes, the original creation of a living protoplasm charged with constructive forces. As to the moral degradation of human nature, that is a scientific fact not less than a religious hypothesis. Finally, we had grounds for our assertion with regard to the personal views of Mr. Darwin, with which we will not now trouble our correspondent.

NITRITE OF AMYL AND THE CATAMENIAL FLOW.

To the Editor of THE LANCET.

SIR,—I should be pleased to hear, through the medium of your valuable journal, whether any of your readers have observed what I believe to be a hitherto unrecognised physiological action of the nitrite of amyl. I have at present under my care a patient suffering from angina pectoris, who has been in the habit of inhaling the vapour of the nitrite to allay the spasm of that distressing complaint, and a married sister of the patient, who is suckling an infant, informs me that on entering the room, the atmosphere of which is impregnated with the vapour, the menstrual flow at once commences, and that on her leaving the room, and being no longer under the influence of the drug, it immediately ceases. The reason is, of course, perfectly obvious, but I cannot find any note of it in my books of reference. I have mentioned this to Dr. Clifford Allbutt, who has kindly seen the case of angina with me, and he suggests that as the drug might be used in such cases as puerperal convulsions, when such an action would possibly be in the highest degree prejudicial, I should be justified in giving publicity to this interesting fact. I am, Sir, faithfully yours,

Kirkstall-road, Leeds, May 3rd, 1882. A. T. BACON.

CLIMATE OF DENVER CITY, COLORADO.

To the Editor of THE LANCET.

SIR,—I should feel obliged if any of your numerous readers could give me any information through your columns with regard to the climate of the above city, as to rainfall, average summer and winter temperatures, whether the atmosphere is dry and bracing, and whether the daily range of temperature is great. I should also be glad to know whether our profession is well represented there.—I am, Sir, yours faithfully,

May 11th, 1882. M.D. Edin.

HOSPITALS AT CONSTANTINOPLE.

THE French hospital at Constantinople is being pulled down and rebuilt upon a much larger scale, and it was fully time that this was done, for the wretched wooden shanty which did duty for a hospital compared very unfavourably with the palatial buildings of other nations. The Russian hospital is at Chichli, and occupies a very fine site, a handsome chapel adjoining the hospital itself. The German hospital, built only four years ago, is very spacious and well ventilated, containing a hundred and fifty beds, and it is at Saxem, not far from the French hospital, which it quite dwarfs. The English hospital, a stone building, which is well adapted to its purpose, adjoins the Consulate and the Italian hospital, built five or six years ago, stands upon the heights of Tophané, overlooking the sea of Marmora and the Bosphorus. The Austrian hospital is a well arranged though plain building, and the French hospital will, it is hoped, be equal to any of the above when rebuilt. A sum of £16,000 is required for the purpose, and the Minister of Foreign Affairs intends to ask the Chambers to vote that item in the present session.

THE SANITATION OF TOWNS.

To the Editor of THE LANCET.

SIR,—It was very kind of you to give Mr. W. H. Denham space in your valuable columns for his letter of the 1st inst. What a sad pity it was that his paper was not "taken as read" and printed in the "Transactions" of the Health Congress held at Brighton last December.

No one doubts that sewer-gas is an evil, and I quite agree with Mr. Denham that we ought not to be made to breathe it in either houses or streets. Mr. Denham's plan of avoiding this, I see, is to hermetically seal every inlet to the sewer; so, I am sure, he will effectually fill the sewer with sewer-gas, but I doubt very much if he can keep it there, attract it to properly designed works, and there destroy it. I notice that Mr. Denham thinks my plan an inefficient one. I note also, however, that he clearly does not know what my plan is; briefly it is this:—instead of making sewer-gas, attracting it somewhere, and there endeavouring to destroy it, I prevent its ever being formed.—I am, Sir, yours obediently,

Billiter-square, E.C., May 17th, 1882. EDW. G. BANNER.

THE LIBRARY OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I am sure that those who avail themselves of the privileges afforded by the library at the College of Surgeons would hail with unfeigned appreciation the practice on the part of the College authorities of publishing in all the medical journals the dates, during the examination months, on which the library will be closed. It is true that notices conspicuously placed are fixed about the College announcing some time previously to the examination that the library will be closed on such and such dates. It is true also that sometimes the dates are forwarded to the medical journals, but latterly this has not been so, and the alternative is that more than one visit may be undertaken to the College for the purpose of resuming work with the result of finding that the library is inaccessible. In drawing attention to this small matter, I am sure that it is only necessary to mention it in order to secure on the part of the College authorities a remedying of the inconvenience.

I am, Sir, yours obediently,

May 15th, 1882. F.R.C.S.

Perplexed Junior.—The risk would be very slight. What there might be would chiefly relate to the boys, if any, these being physiologically mothers' children in a special degree. It is, however, probable that the mental vigour of the male parent would compensate for the transmitted or entailed weakness of the female, she not being herself a sufferer, although she is a member of the neurotic generation, and therefore little likely to be exempt by the law of atavism.

Kosmos.—Royal Ophthalmic Hospital, Moorfields.

Dr. West.—Against our rule.

Telephone and *R. M.* have not enclosed their cards.

Mr. Hormasdji (Cheltenham).—In an early number.

"PIGEON SLAUGHTER AND TORTURE."

To the Editor of THE LANCET.

SIR,—Happening to take up THE LANCET this evening, I observed your remarks on the above subject. I never was present but at one pigeon match (near Manchester it was held), and I do not care to see such another senseless and disgusting exhibition. What I witnessed was precisely that which you narrate in the sentence, "We have ourselves seen the birds lying mangled and struggling on the ground for some minutes, and not until the contortions of some wounded animal have become so marked as to attract notice does the thoughtless or cruel attendant take the trouble to stretch out his foot—not even then would he give himself the pains to rise and use his hands—to put the bird out of its misery."

I am, Sir, yours faithfully,

ALBERT S. PAUL, M.A. Oxon.

New University Club, St. James's-street, S.W., May 13th, 1882.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

THE following were the questions on Anatomy and Physiology submitted to the 167 candidates who presented themselves at the Primary Examination for the diploma of membership on the 5th instant, when they were required to answer four, and no more, out of the six questions, from 1 to 3 o'clock P.M.:—

1. Describe the surfaces of bone which enter into the formation of the floor of the orbit.
2. The uterus: describe its position and its ligaments; also the divisions of the organ, its cavity, and the openings into it.
3. Describe the second portion of the subclavian artery, and the dissection by which you would expose it.
4. Describe the synovial membrane of the knee-joint, and mention the various synovial bursæ which are found in the neighbourhood of this articulation.
5. State the position which the heart and the arch of the aorta bear in reference to the walls of the thorax and to the roots of the lungs.
6. Name in order the parts which would be divided in removing the hand at the wrist-joint by a transverse incision from before backwards.

The following were the questions on Physiology to be answered, from 4 to 6 o'clock:—

1. Describe the structure and functions of the submaxillary and parotid salivary glands.
2. How does striated muscle in a state of rigor mortis differ from similar muscle when living and in a state of rest? What conditions affect the period of onset and the duration of rigor mortis?
3. The production of heat in the body has been compared to the process of combustion. State in what particulars the comparison is valid. By what circumstances is the production of heat in the body modified?
4. What are the extrinsic and intrinsic muscles of the eyeball? What are these functions? and what nerves supply them?
5. Describe the coagulation of the blood, and state the mode in which the fibrin factors can be obtained.
6. Describe the structure of the testis.

During the last few days as many as 619 candidates have been and are still undergoing their Primary or Anatomical and Physiological Examinations for the Diploma of Membership of the College of Surgeons, being an increase of seventy-six over the corresponding period of last year.

H. M.—The question had better be addressed to the Editor of the *Charity Record*.

T. J. C.—The case is not one of professional evidence, and we fear the surgeon cannot claim as a professional witness.

W. W. W.—Yes.

Mr. J. H. S. Drummond.—The whole of the volumes may be obtained of Kolckmann, the publisher.

Eczema is referred to the authority mentioned in the paragraph in which the subject is noticed.

"TREATMENT OF WHOOPING-COUGH."

To the Editor of THE LANCET.

SIR,—Dr. Wharry's letter with regard to the treatment of whooping-cough by croton chloral is particularly opportune, as a capital opportunity exists at the present time for giving it a fair and exhaustive trial. I am sorry to say I have been terribly disappointed with the results of carbolic acid inhalation, and have given it up of late for the vapour of tar. The odour of this is easily distributed through the room by spreading out a sheet of the antiseptic marine lint. The best internal remedies when the spasmodic character of the cough is established, so far as I have seen at present, are nitric and prussic acids, alternated every few days with bromide of potassium and belladonna or sulphate of atropine; and, later on, when the nervous system shows signs of exhaustion, there is nothing, I am sure, equal to the syrup of the lacto-phosphate of lime, in conjunction with tincture of Indian hemp, sulphuric ether, and tincture of senega. The lacto-phosphate exerts an influence which nothing else seems capable of doing, and many a case I have seen recover which at the time of its administration seemed perfectly hopeless. It certainly ought to receive a more extended trial in the later stages of whooping-cough than it has yet had.—I am, Sir, your obedient servant,

Kingston-on-Thames, May 10th, 1882. F. ATKINSON.

THE UNBREAKABLE HYPODERMIC SYRINGE.

To the Editor of THE LANCET.

SIR,—In the description of the new syringe of Messrs. Thos. Nicholls and Son, which appeared in THE LANCET of the 6th inst., there is one point in its favour not alluded to. In the ordinary syringe the metal fittings are cemented on to the glass tube, whilst in the instrument of the Messrs. Nicholls a screw-thread is cut into the unbreakable transparent cylinder upon which the silver cap and nozzle are screwed. By this contrivance the accidental loosening of the metal fittings by heat or otherwise, a not infrequent accident with the ordinary syringe, is completely prevented.—I am, Sir, yours, &c.,

Aylesbury, May 8th, 1882. R. HARVEY HILLIARD, M.D.

PROLONGED GESTATION.

IN the *New York Medical Journal and Obstetrical Review* for May, Dr. Louis A. Rodenstein, of New York, reports four cases of prolonged gestation, and remarks that the number of cases cited by writers on obstetrics, and the cases constantly reported as occurring under the personal observation of general practitioners, go to show that prolonged gestation is not a myth. How long the duration of the period of gestation can extend beyond the normal time is not yet determined, perhaps cannot be determined, but that it may extend over two months is apparently settled. The same principle is involved, whether the uterus tolerates the presence of the child three days or one hundred and forty-five days (Professor Meigs's "Report" after the natural term of gestation has expired. He believes that, after the uterus has performed its physiological function of gestation for the natural term, it rests from the work of gestation proper. Why does it not, then, exercise the function of expulsion? That question he does not attempt to answer, but believes that after gestation has performed its proper and peculiar work the growth of the child is complete, and it thereafter lies dormant in the womb. Otherwise the child would grow to huge size, and its delivery in the natural way would be impossible; whereas in the cases cited the size of the child at the expiration of the period of prolonged gestation was normal.

PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—Notwithstanding the objections raised in your leader of the 29th ult., it seems to me that there is much to be said in favour of the extension of the provident medical system among the working classes under the auspices of such a body as the Metropolitan Provident Medical Association, and that even from the point of view of the general practitioner. Perhaps you will be good enough to permit me, as one engaged in general practice, to lay my views on the subject before your readers.

Seeing that there were a number of general practitioners present at the Mansion House meeting, to which you have referred, it is to be regretted that an opportunity was not afforded of eliciting their opinion on the scheme. Apparently that opinion is adverse to the movement, but I am not aware that it is a valid one or has been clearly stated. I quite agree with you that the Association is on the wrong track in claiming to be a means of relieving the plethoric out-patient departments of our hospitals or of being the handmaid of our friendly societies. If the Metropolitan Provident Medical Association is to take root and flourish it must be on its merits as a provident institution commending itself to the wants of the working population. That there is a large section of our community ready to take advantage of a cheap form of medical attendance no one can deny; the number of provident dispensaries springing up in all quarters of London is sufficient evidence of the demand. That there are great numbers of families for whom the dispensary system is a necessity most medical men will admit. As a general practitioner in a populous neighbourhood I am every day meeting with cases of serious and prolonged illness among the respectable poor, the expenses of which, at any ordinary rate of charge, the family is perfectly unable to bear. The most charitable medical man has his limit of gratuitous attendance, and it is with hesitation one hands such cases over to the parish doctor or the hospital.

I am not quite agreed with you, Sir, that in such straits medical men accommodate their charges to the means of the patient; occasionally, no doubt, this is done by us all, but I am sure that every doctor has his limit in this direction. No one can habitually reduce his charges below a certain degree without lowering his status in the eyes of the community amongst which he practises. Against such a downward tendency most doctors have continually to contend. Most of us, when fairly established in a neighbourhood, begin to get rid of our poorer patients. Now, where are these officials to go? Who is to take care of their ailments? This is a question that must trouble the mind of many a sensitive practitioner. For such poor people an honestly worked dispensary must be a godsend. At the same time, that the medical officership to a well-managed establishment would enable many a man to continue his attendance on the poor without in any way affecting his standing or self-respect.

Friendly societies only touch a small portion of this vast field, and, to my thinking, private enterprise is not equal to the wants of the poor My experience of the working of private dispensaries leads me to the conclusion that they are, as a rule, most objectionable institutions. Many of them are under the charge of unqualified men, and most of them are worked by surgeons who care no more for this practice or their patients than the amount of money that can be "knocked out of them" in the course of the year. From this point of view I think it would be a blessing for the poorer classes if these private enterprise dispensaries were superseded by such an institution as the Metropolitan Provident Medical Association. Without question the poor would have better medicines, better attendance, and a better class of medical men, besides having a voice in the management of their own affairs. But perhaps the most serious question for the general practitioner is how will this scheme affect his interests? My own experience leads me to think that the injury will be practically *nil*. Within the last ten years several dispensaries have sprung up in my own immediate neighbourhood without affecting in any way my returns. On the contrary, my practice has improved in quality. I am not aware that any of my medical neighbours have had a different experience.

Another distinct good the spread of the dispensary system has effected is that the poor are getting schooled into the habit of paying for medical attendance. I find amongst the poor now more readiness to offer payment for services rendered, and less of that crass indifference as to the doctor's time and remuneration. This affords a distinct gain in money, a limitation of annoyance, and a saving of much valuable time. Further, the Metropolitan Medical Association do not propose to take the people's money away from the doctor; a fair proportion is handed over to him. And they contend that, although some may join the scheme who would otherwise be paying private patients, yet much money will be collected and handed over to medical men which would formerly never have reached the pockets of the profession.

I have no pecuniary interest in the association, yet I believe its operations would not affect injuriously the general medical interest, while its extension must be of immense benefit to the poorer classes.

I am, Sir, respectfully yours,
Caledonian-road, Islington, May 2nd, 1882. J. CHALMERS.

"RESIDENT HOSPITAL APPOINTMENTS."

To the Editor of THE LANCET.

SIR,—Perhaps as it is hardly likely any of the staff of St. Bartholomew's will notice your correspondent, "A Bart.'s M.B. Lond.'s" letter, in THE LANCET of May 13th, I, as a recent Bartholomew's man and one free from prejudice on the subject, as I never, owing to lack of leisure, coveted a permanent resident appointment, may be allowed to say a few words in defence of the present system. And, to begin with, let me suggest that however much St. Bartholomew's may owe to our present warden, it is indebted for its grand position of supremacy to the reputation of its staff (past and present)—its Potts, Lawrences, Holdens, Pagets, and a host of other illustrious men who have been nurtured and reared under the system your correspondent condemns, and for which he would substitute his nostrum, competitive examination—a system that has, by the injury it has inflicted upon other schools, done much indirectly to increase the importance of our own, which, so far, has not been handed over body and soul to that nineteenth century plague, the "competition wallah." I deny that any hardship whatever exists under the present order of things, and I affirm that the appointments are usually filled by much more suitable persons (that is to say, more intelligent, practical, and gentlemanly men) than they would be under your correspondent's method.

I doubt very much whether any hard-working and industrious student who desires and is fit for one of these appointments ever has to want in vain. It was certainly my experience about dresserships, clerkships, &c., that anything you really wanted you could get, and the same rule, I believe, applies to the resident appointments. The staff, I believe, are always most anxious to assist the comparatively few students who merit assistance by their own efforts to assist themselves. And when he so ardently craves for reform, let him consider how it is that the hospital that has been most conservative in clinging to its old traditions is far ahead of all its rivals which have all been readier to avail themselves of so-called reforms. If he ponders these things, I think he will see that, though it is easier to destroy than to build up, it is perhaps wiser to stick to principles that have been proved than to desert them for new theories that have only injured those who have adopted them.

I remain, Sir, yours very truly,
Bradford, May 13th, 1882. W. GILCHRIST BURNIE.

N.B.—"Competition wallah" is the name given by native Indians to those officials who have attained their position by competitive examination.

TEST OF SANITARY CONDITION.

To the Editor of THE LANCET.

SIR,—At page 525 of his "Hygiene," Parkes says the vie moyenne "is no good test of sanitary condition." A little lower down, in speaking of expectation of life, he writes:—"This is the true test of the health of a people." How are these statements to be reconciled with the definition of vie moyenne? This is the expectation of life at any age, expectation of life being "the average length of time a person of any age may be expected to live." Curtis (Buck's "Hygiene," p. 342) speaks of "the expectation of life, also called the mean lifetime, after lifetime, mean duration of life (vie moyenne of the French)," as affording "an unimpeachable indication of longevity." If you can find space to explain these apparently contradictory statements you will oblige.

I am, Sir, yours obediently,
May 14th, 1882. VECTIS.

*** The paragraphs from Dr. Parkes' "Practical Hygiene," quoted by "Vectis," are undoubtedly irreconcilable, and involve a confusion of terms. Their object was evidently to guard the student from using the "mean age at death of a population" as a test of sanitary condition. The "mean age at death" in a stationary or life-table population is identical with the "mean duration of life," and may be accepted as a test of sanitary condition. In an ordinary population, however, in which the births exceed the deaths, the mean age at death is very different from the true mean duration of life, and therefore affords no trustworthy clue to sanitary condition.—ED. L.

A CAUTION.

WE learn that a well-known trick is being resorted to by a well-dressed thief, whose prey is medical men and their servants. The individual is about fifty years of age, 5 ft. 11 in. in height, upright, with sandy whiskers and beard, just becoming bald, and is dressed in a tall hat, black frock-coat, and bad boots. He calls in the afternoon, and asks for the doctor, of whose absence he has previously made certain. He then asks to be allowed to write a letter, and if unable to pilfer from the room into which he is shown for this purpose, he tries to borrow money from the servant, "as he has come away without his purse, and has not enough money to pay his cab." He professes to be an old friend of the doctor, and speaks of the hospital to which he is attached. We trust this statement may frustrate the designs of this light-fingered gentleman.

SCARLATINA.

To the Editor of THE LANCET.

SIR,—That the great bugbear, alike to medical men and the public, "scarlatina" has at present a tendency to, and is assuming, a milder type throughout this part of the country I have every reason to hope; at any rate, in this district we have had for the last two or three years an unusually mild type of this disease, almost never fatal, and seldom, even in winter, followed by kidney mischief and dropsy, and, moreover, in many cases, not nearly so infectious as it used to be. It every now and then breaks out in a village, but never becomes epidemic; indeed, I have known cases where one child in a family has been attacked and the rest have escaped. This has occurred, too, where no special efforts have been made to prevent the spread of the disease. I may mention that I have at the present time such a case. A child, one of six, was attacked a month ago and went through a well-marked attack of scarlatina, rash well out, &c. One of the six children at the time was staying away well; the four left at home (a small farmhouse) have, up to now, escaped. But a week ago the sixth child came back home, the mother having, as she supposed, thoroughly cleaned the house and washed everything that had been used by, or been near, the sick child; but on the third day after her return she took scarlatina and is now convalescent. This case certainly shows that under certain circumstances scarlatina is not so terribly infectious as we have hitherto considered it to be, and that the disease is, at any rate in this part of the country, assuming a milder form. Is it our improved knowledge of sanitary matters, or is it really the fact that scarlatina is becoming a less formidable malady? I shall be glad to know whether my country medical brethren have observed a similar tendency in this still-to-be-feared disease, scarlatina. I am, Sir, yours truly,

Northallerton, May 15th, 1882. B. LUMLEY.

ANOMALOUS SYMPTOMS IN ENTERIC FEVER.

To the Editor of THE LANCET.

SIR,—Among some cases of enteric fever, which came under my notice at Ingagane, near Newcastle, Natal, during the downward march of the troops from the Transvaal, in January, 1882, one case would seem worthy of notice from the presence of anomalous symptoms during the course of the fever, which assumed an intermittent type, obscuring the diagnosis, and also from the fact that after death two vermiform appendices were found, the smaller one being about two feet from the cæcum and situated in the ileum. The spleen in this case was enlarged and firm, and presented a star-like cicatrix, about the size of a five shilling piece, on its upper surface. The cicatrix did not appear to be of recent formation, nor was it adherent to the peritoneum. This patient suffered severely from intermittent fever at Gibraltar about December, 1880. I am, Sir, yours obediently,

Pietermaritzburg, Natal, April 17th, 1882. CHARLES R. WOODS, M.D., Surgeon, Army Medical Department.

HOME FOR INEBRIATES IN SCOTLAND.

J. B. E. wishes to know of a home for inebriates in Scotland. We cannot answer for Scotland. But we were lately grieved, more than surprised, to learn that the failure of the Habitual Drunkards Act in England was so complete that only one retreat had been licensed under it. The patient must be a consenting party to his going into such a retreat.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Marshall, London; Mr. Brook, Bournemouth; Messrs. Evans and Sons, Liverpool; Mr. R. H. S. Carpenter, Stockwell; Mr. Murdoch, Bromley; Dr. Morgan, Baltimore; Dr. Sinclair, Dundee; Dr. Sutton, Sittingbourne; Messrs. Arnold and Son; Mr. J. Marshall, Dover; Dr. Downes, Kashmir; Dr. Darwin, Didsbury; Mr. Cooke, London; Mr. Hodgson, Rochdale; Mrs. Corney, Brighton; Mr. Clifford Smith; Dr. Vidal, Woolwich; Mr. Stack; Dr. W. R. Smith, Cheltenham; Mr. Lennox Browne, London; Mr. Rittwagen, Malaga; Dr. Brett, Watford; Mr. A. S. Paul, London; Mr. Burnie, Bradford; Dr. Edis, London; Dr. Blake, London; Dr. J. Michels, New York; Mr. Shedd, Writtle; Dr. C. R. Woods, Pietermaritzburg; Dr. Cartwright Reed; Mr. Dannett Spanton, Hanley; Dr. Herman, London; Mr. Tallack, London; Mr. Moore, Fallowfield; Messrs. Simpson and Jackson, Coggeshall; Mr. Lawrence, Rugby; Mr. Fulton, Toronto; Mr. Essex, Pontypool; Messrs. Christy and Co., Fenchurch-street; Dr. Duncan, Oldham; Mr. Bonnett, Cambridge; Mr. Brown, Westgate-on-Sea; Mr. Temple, Kington; Mr. Jago, Torpoint; Mr. Coutts, Waterfoot; Dr. Coales, London; Mr. Jesse, Henbury; Mr. Unsworth, Liverpool; Messrs. Austin and Son, Clifton; Mr. Johnstone, Tavistock; Dr. Earle, Winchester; Mr. Collenette, Chesterton; Mr. Drummond, Cheetham; Mr. Banner, London; Mr. Renton, Glasgow; Mr. Bettany, Dulwich; Mater, Forest-hill; Henbane; Outsider in the Country; C. F. N.; Vectis; Puzzled; F.R.C.S.; T. J. C.; H. M.; Fairplay; W. W. W.; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Weakes, London; Dr. Maxwell, Lasswade; Mr. Harrison, Sherburn; Mr. Gay, Maidstone; Mr. Connon, Allendale; Dr. Turner, Keith; Dr. Graves, London; Messrs. Mottershead and Co., Manchester; Mr. Dalling; Dr. Davies, Ebbw Vale; Mr. Walker, Wakefield; Mr. Cole, Hatton; Dr. Whitta, Belfast; Mr. Emmerson, Cambridge; Mr. Matthews, Lisburn; Dr. Balburney, Lancaster; Messrs. Kensington and Co., London; Mr. D. Murray, Islington; Mr. Hunt, Hull; Mr. M'Lean, Leatherhead; Mr. Stapleton, Blandford; Mr. Clarke, Birmingham; Mr. Bunting, Nottingham; Mr. Loy, Great Ayton; Mr. Timothy, Manchester; Messrs. Hewlett and Co., London; Mr. Robertson, Huddersfield; Mr. Ivens, Thorpe-le-Soken; Messrs. Cuff Brothers, Dover; Messrs. Rahn, Ipswich; Mr. Thomas, Retford; Dr. Dunlop, Danville, U.S.A.; Mr. Tennant, Melrose; Mr. Lawrence, Rugby; Mr. Took, Great Berkhampstead; Mr. Robinson, Bedford; Dr. Fraser, Leigh; Mr. Warburton, Treherbert; Dr. Tulford, Weybridge; Dr. Redwood, Rhymney; Mr. Wrench, Barlow; Sanitas Co.; Medicus, Bath; Country Practitioner; R. M. F., Coventry; W. B.; E. F.; Y. L.; S., Richmond, Surrey; Discipulus, Sheffield; Principal, Seaford; M.D., Cromer; K. J., Nottingham; Hygiene, Lancaster-place; G. R., Leeds; L. S. A., Lacton-on-Sea; Fitzgerald; Medicus, Dublin; F. B., Folkestone; Medicus, Blackpool; A. B. C., Wallsend; L. B. B.; &c., &c.

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